

Suxamethonium chloride

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Rhabdomyolysis and heart arrest: case report

A 13-year-old boy developed acute rhabdomyolysis and heart arrest following administration of suxamethonium chloride [succinylcholine chloride; *route not stated*].

The boy, who had Parry-Romberg syndrome, had received lipofilling under general anaesthesia on three occasions. He had received suxamethonium chloride in the first and second anaesthesias at the ages of 7 and 9 years, respectively. Prior to his fourth procedure, suxamethonium chloride 50mg was administered to facilitate endotracheal intubation. Within 10 minutes ventricular tachycardia was evident on ECG. His SpO₂ wave disappeared, and his carotid and femoral pulses were not palpable.

Chest compressions with external cardiac defibrillation was initiated, and amiodarone and calcium gluconate were administered. Within 10 minutes of resuscitation, the boy's sinus rhythm with tall peaked T-waves returned and his femoral pulse and SpO₂ waveform improved. His serum potassium level was 6.9 mEq/L. He was fully awake 15 minutes later, and 2 hours later he was extubated without neurological deficit. However, he had pain in his trunk muscles and extremities lasting approximately 4 hours. He had dark urine, and an elevated plasma creatine kinase level, which normalised on postoperative day 10.

Tritakarn T, et al. Acute rhabdomyolysis and cardiac arrest following succinylcholine in a patient with Parry-Romberg syndrome. *Anaesthesia and Intensive Care* 39: 135-136, No. 1, Jan 2011 - Thailand 803050594