Propofol infusion syndrome

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Propofol infusion syndrome was first reported in the literature by Bray in 1998. He described a series of fatal outcomes after a presenting constellation of symptoms observed in pediatric patients who had received prolonged propofol infusions. Profound metabolic acidosis and - bradycardia are the disease's hallmark features, which can further develop expeditiously into rhabdomyolysis, renal failure, and heart failure. It has been subsequently theorized that a triggering mechanism or a precipitating factor sets up the progressive physiologic spiral which can ensue. The name of the disease was expanded to Propofol Related Infusion Syndrome (PRIS), as propofol alone was no longer considered the culprit. The disease process is rare and can present with an insidious onset in some cases, causing much speculation about whether there is a proper grasp of the disease entity in its entirety as currently reported. A case depicts an adverse neurologic outcome following a craniotomy for temporal lobectomy in a child with lesional epilepsy. Since there was no obvious causative factor for these findings, PRIS became a diagnosis that was robustly discussed among the involved services ¹⁾.

Dexmedetomidine may be employed to facilitate serial neurologic wake-up test (NWT), and should always be used in the non-intubated patient or if propofol infusion syndrome (PRIS) develops².

Propofol-Related Infusion Syndrome in a Pediatric Patient With Intracerebral Hemorrhage ³⁾.

1)

Doherty TM, Gruffi C, Overby P. Failed Emergence After Pediatric Epilepsy Surgery: Is Propofol-Related Infusion Syndrome to Blame? Cureus. 2021 Nov 9;13(11):e19414. doi: 10.7759/cureus.19414. PMID: 34909331; PMCID: PMC8660594.

2)

Musick S, Alberico A. Neurologic Assessment of the Neurocritical Care Patient. Front Neurol. 2021 Mar 22;12:588989. doi: 10.3389/fneur.2021.588989. PMID: 33828517; PMCID: PMC8019734.

Sokola MS, O'Connor KF, Sokola BS, Miller B, Neltner JH, Khan G. Propofol-Related Infusion Syndrome in a Pediatric Patient With Intracerebral Hemorrhage. Neurol Clin Pract. 2021 Oct;11(5):e742-e743. doi: 10.1212/CPJ.000000000000955. PMID: 34840895; PMCID: PMC8610502.

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