GENERAL ANAESTHESIA IN CATARACT OPERATION WITH CONGENITAL RUBELLA SYNDROME

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INTRODUCTION
Congenital Rubella Syndrome (CRS) is a disease that can emerge and evolve as a result of rubella virus infection during pregnancy, especially during the first trimester. The most frequent congenital defects encountered in neonatal deafness, eye damage such as cataracts, cardiovascular disorders and mental retardation.

OBJECTIVE
The aim of this study is to report the case of a 3-month-old male infant with bilateral congenital cataract and CRS who underwent cataract surgery with general anaesthesia. The objectives are to determine the anesthetic management and to report the outcomes of surgery.

METHOD
Anesthetic management: In this case, the patient was premedicated with oral morphine (0.1 mg/kg) and midazolam (0.05 mg/kg) 30 minutes prior to surgery. Anesthesia was induced with propofol (2 mg/kg) and vecuronium (0.1 mg/kg). After intubation, the patient was maintained with sevoflurane in a combination of oxygen and nitrous oxide. Anesthesia was terminated with atropine and glycopyrrolate. The patient was extubated after 1 hour, and the eye was covered with an eye patch to prevent trauma.

RESULT
Operations performed in these patients in Phase 008. During the operation encountered haemodynamic changes. The duration of the operation 2.5 hours. Once the surgery is complete, an additional dose of intravenous fluids was not needed. The patient was extubated with normal spontaneous ventilation.

DISCUSSION
In this case, we observed that the patient showed signs of respiratory depression, requiring intravenous administration of midazolam and atropine. The masseteric muscle tension was increased and required additional muscle relaxants. The patient's blood pressure and heart rate remained stable throughout the procedure.

CONCLUSION
CRS is a condition that results from maternal rubella infection during pregnancy. The condition affects various organ systems, including the cardiovascular, respiratory, and neurologic systems. The management of CRS patients requires a multidisciplinary approach involving pediatricians, anesthesiologists, and other specialists.

REFERENCE
[Insert references here]

[Image of a patient in a hospital setting with medical equipment]