

Anesthetic Management of Patient with Avascular Necrosis Secondary to Anti-synthetase Syndrome undergoing Total Hip Replacement

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INTRO

- Anti-synthetase syndrome is an idiopathic inflammatory myopathy (IIM) characterized by auto-antibodies directed at aminoacyl-tRNA synthetase
- Due to the rarity of this condition, the optimal anesthetic strategy has not been defined

METHODS

- Retrospective analysis of a patient who received standard-of-care medical attention, with written informed consent

CASE REPORT

- 48M w/anti-synthetase syndrome treated with high-dose immunosuppression (e.g., steroids) complicated by avascular necrosis, now presenting for total hip replacement
- Notable comorbidities included significant cervical stenosis with radiculopathy and adrenal insufficiency
- Physical exam and laboratory findings were otherwise unremarkable
- Anesthetic management was uncomplicated with single-shot L3-L4 spinal with 14 mg ropivacaine and deep sedation

DISCUSSION

- Anti-synthetase syndrome increases risk for severe dysphagia and GERD, increasing aspiration risk
- This syndrome is characterized by severe interstitial lung disease and resulting pulmonary hypertension
- Long-term immunosuppression increases risk for adrenal insufficiency and intraoperative adrenal crisis. Medications such as tacrolimus may affect renal function

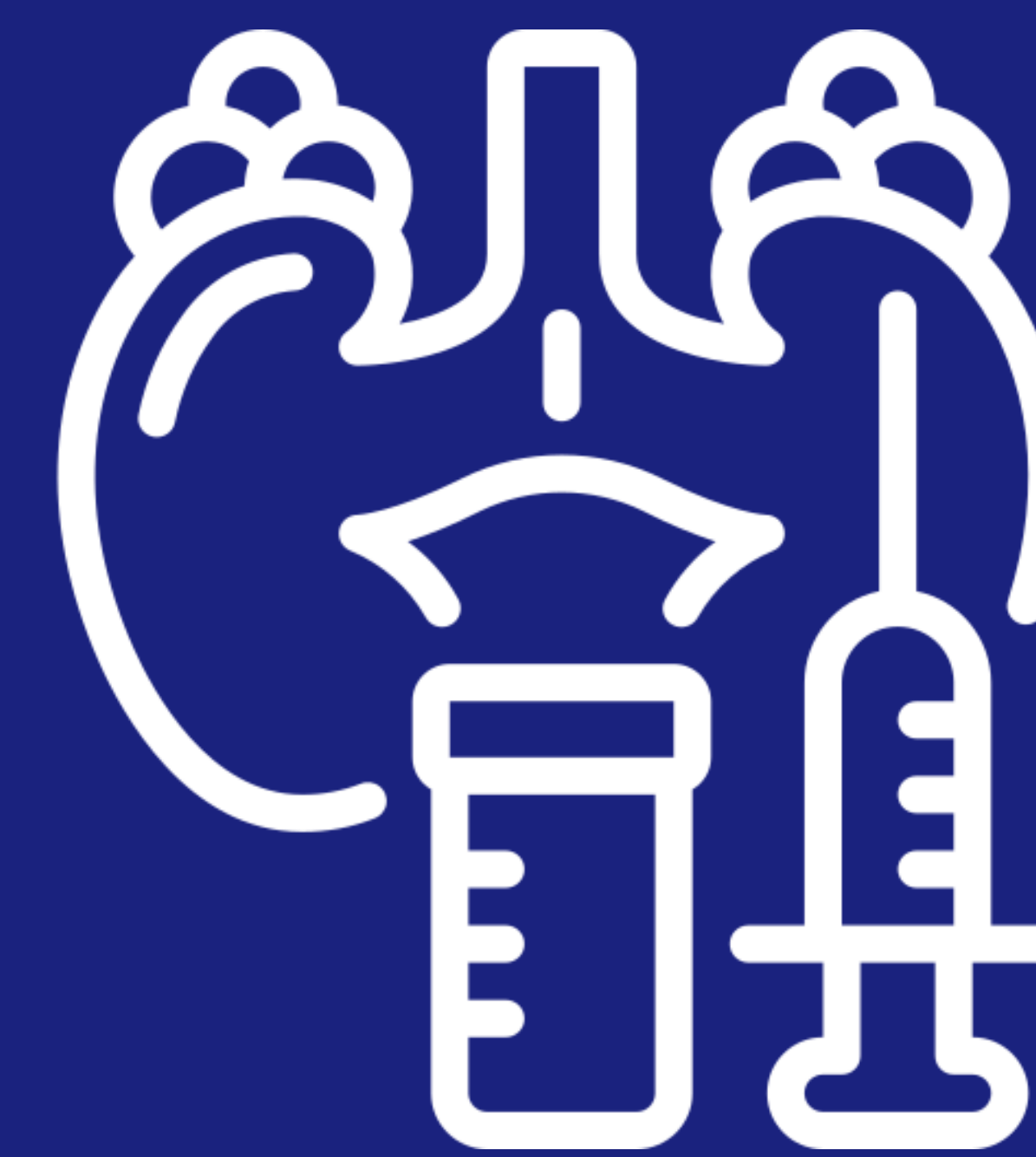
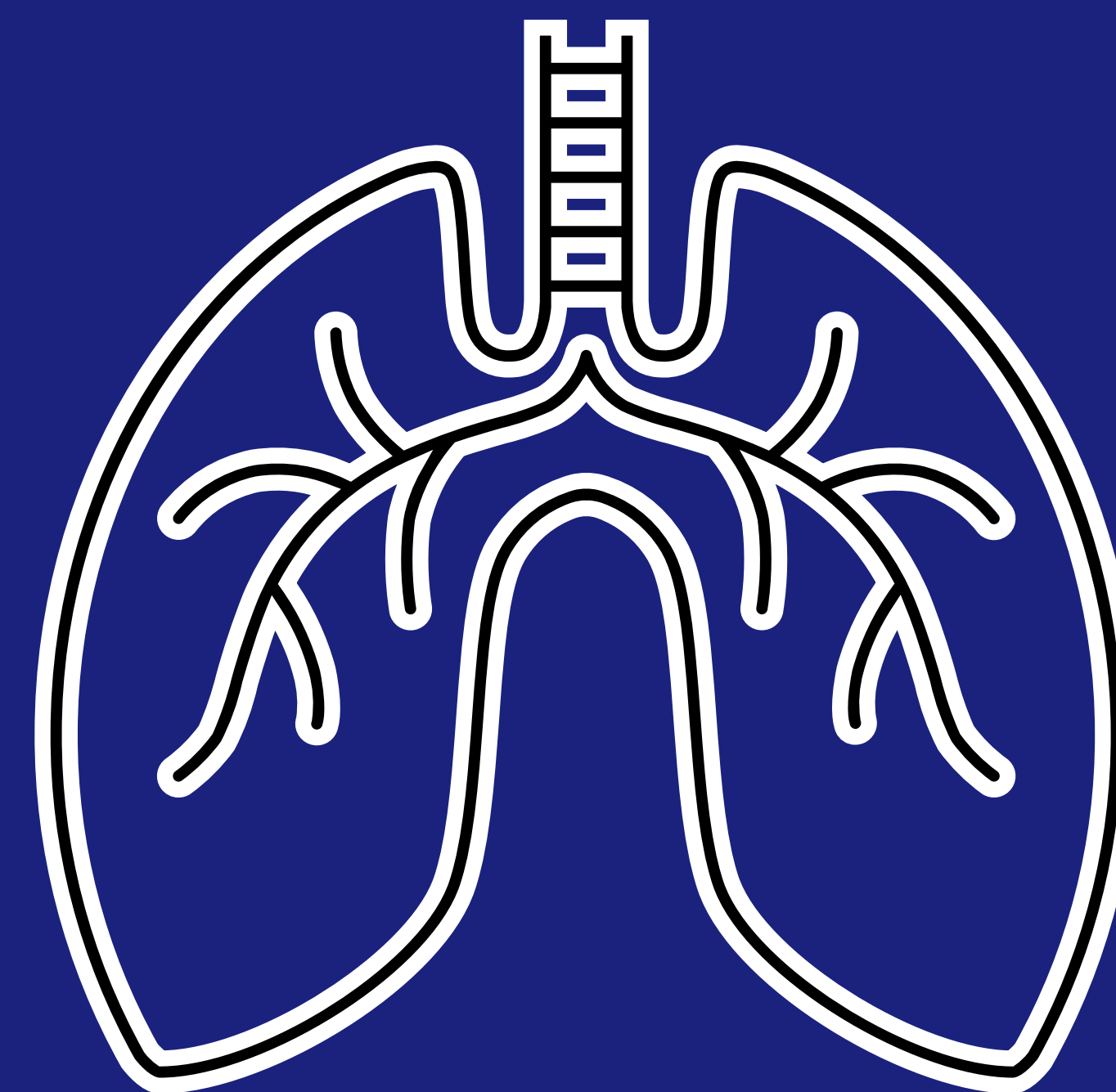
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Consider airway,
cardiovascular, and endocrine
issues when taking care of a
patient with anti-synthetase
syndrome



Mechanic's Hands



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Interstitial Lung Disease



Radiopedia

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