KETAMINE FOR CONGENITAL STRIDOR IN A CHILD --A CASE REPORT

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ABSTRACT
The commonest cause of inspiratory stridor in neonate is laryngomalacia. Etiology of laryngomalacia is malformation of laryngeal development. The child developing Symptoms like high piched inspiratory stridor, crowing in character which often accompanies increased activity, crying and feeding. The stridor begins a few weeks after birth and persist till one or one and half year age. It is spontaneously disappear after supporting cartilage mature. A child having inspiratory stridor with congenital cardiac abnormalities is given anaesthesia for invasive cardiac investigative procedure. The management of anaesthesia is given here.

CASE REPORT
A 1 year old female child weighing 8kg suffering inspiratory stridor and congenital cardiac abnormality i.e- vsd with pulmonary stenosis. It was planned for cardiac catheterization. After preliminary investigation and repeat otolaryngological checkup were done. ENT consultant diagnosed as 'congenital laryngomalacia' and assured it will resolve as the child grows.

ANAESTHETIC MANAGEMENT
The child was Premedicated with atropine im 1hour before procedure no sedative given. Then the child induced with KETAMINE 1mg/kg was injected twice during procedures. The investigative procedure lasted about 45min. throughout the procedure oxygen was given by mask and monitor for cyanosis, pulse rate, respiration rate, depth of respiration, saturation. The child was awake after 10 min after completion of procedure. Kept for observation for 4 hours in the post-operative ward. Intensity of stridor didn't increase and recovery also smooth.

DISCUSSION
Stridor is a noisy breathing caused by the obstruction in the pharynx, larynx or trachea. the commonest cause is laryngomalacia. in this condition the stridor begins with in a few weeks after birth and persist one and one and half year age. The reported case was diagnosed as a congenital laryngomalacia after excluding causes of laryngeal stridor. Before cardiac catheterization the sedative was avoided because it can worsen laryngeal stridor. only atropine im used to prevent KETAMINE induced secretion. Low dose ketamine was given im just to sedate and provide analgesia to the child and to avoid crying on separation from his mother. Crying can be increase cyanosis in right to left shunt cardiac disease.

Ketamine depresses slightly laryngeal reflexes. it is a cardiovascular stimulant and widely used induction agent in children with congenital cyanotic heart disease for investigate and surgical procedures. Thus low dose of ketamine im with iv supplement was found to be very safe and provided adequate analgesia as well as sedative for cardiac investigative procedure in a child suffering from congenital inspiratory stridor.

REFERENCES

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