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Myasthenia Gravis and use of Supraclavicular Block for Shaft of Humerus Fracture: A Case Report

Dr Ranjay Mahaseth¹; Dr Manish Kumar Sah²; Dr Ananda Bhattarai¹; Dr Ravi Chaudhary¹

¹Department of Anesthesiology, All India Institute of Medical Sciences, Rishikesh, India – 249203.

²Department of General Surgery, All India Institute of Medical Sciences, Rishikesh, India – 249203.

Correspondence Author:

Dr Manish K Sah, Department of General Surgery, All India Institute of Medical Sciences, Rishikesh, India – 249203

Email Id: serviceheb@gmail.com

ABSTRACT:

Myasthenia gravis (MG) is a long-term autoimmune condition where antibodies disrupt the connection between nerves and muscles, leading to weakened skeletal muscles. We present a case involving a 38-year-old female diagnosed with myasthenia gravis, scheduled for elective open reduction and internal fixation (ORIF) for a humerus shaft fracture. However, this procedure poses a high risk under general anesthesia due to the potential development of myasthenia gravis, which could be exacerbated by the use of muscle relaxants, both depolarizing and nondepolarizing, potentially leading to a myasthenic crisis. Consequently, patients may require postoperative ventilatory support. To mitigate risks associated with general anesthesia, the surgery was performed under regional anesthesia via supraclavicular block.

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