LETTER TO THE EDITOR



Rocuronium and sugammadex under TOF monitoring on mECT

Shinsuke Hamaguchi¹ · Nobuko Tezuka¹ · Masaru Nagao¹

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To the Editor:

A 48-year-old female, who had schizophrenia with rectourinary disturbance due to thoracic vertebular fracture and 5 mg a day of distigmine bromide was administered, was scheduled modified electroconvulsive therapy (mECT). On first and second mECT, apnea continued within 60 min until spontaneous breathing occurred after convulsion using 0.5–1 mg/kg of suxamethonium and 2 mg/kg of thiopental. We considered that the pharmacological effect of suxamethonium has been prolonged due to cholinesterase inhibition by distigmine bromide from previous report [1, 2].

Therefore, on the third to sixth mECT, we administered rocuronium 0.6 mg/kg after thiopental 2 mg/kg administration under the train of four ratios (TOFR) monitoring with TOF-WatchTM SX (MIPM GmbH, Germany). After convulsion of mECT, 0 % of TOFR is considered. Then we administered 4 mg/kg of sugammadex and the value of TOFR reached 100 % [3]. After 2 min of administration

of sugammadex, her spontaneous breathing appeared immediately.

There are no reports regarding successful management using rocuronium and sugammadex under monitoring TOFR to avoid prolonged apnea by suxamethonium on a patient that has undergone mECT using distigmine bromide.

Conflict of interest None.

References

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Shinsuke Hamaguchi s-hama@dokkyomed.ac.jp

Department of Anesthesia and Pain Medicine, Dokkyo University School of Medicine, 880 Kitakobayashi, Mibu, Tochigi 321-0293, Japan