**PERSONALIZED ANAESTHESIA – ANAESTHETIC MANAGEMENT OF A PATIENT WITH CHURG-STRAUSS SYNDROME IN AMBULATORY SURGERY CENTRE**

Helena Barbosa, Marta Sanhá, Ana Marcos, Ana Morais

Centro Hospitalar de Vila Nova de Gaia/Espinho, E.P.E.

**Introduction:** Eosinophilic granulomatosis with polyangiitis (EGPA), also named Churg-Strauss syndrome, is a rare multisystem disorder, characterized by asthma, hypereosinophilia and necrotising vasculitis.1-3

Only a few case reports of patients with EGPA receiving anaesthesia have been reported and to the authors’ best knowledge there isn’t any report on ambulatory surgery.

**Case report:** A 41 years old man was admitted for vasovasostomy in an ambulatory surgery centre. He was diagnosed with EGPA in 2018 and also has an established nonsteroidal anti-inflammatory drugs hypersensitivity. At the moment he was not suffering from other co-morbid conditions.

At admission, asthma was controlled and hematologic examination was within normal limits. Transthoracic echocardiography and respiratory function tests were normal.

After careful discussion of perioperative management with the surgeon, surgery was performed under spinal anaesthesia with 11mg of hyperbaric bupivacaine associated with 2 μg of sufentanil. At the end of surgery, paracetamol was administered and surgeons performed a spermatic cord block as a component of multimodal analgesia.

The post-operative period was uneventful. The patient was discharged home 8 hours after surgery. On post discharge follow-up no complications were reported.

**Discussion:** There were several concerns regarding the perioperative management of this syndrome. In this particular case, the major concern was the safety of day-case surgery.

The anesthetic technique, comprised spinal anesthesia and peripheral block, avoided the need for upper airway manipulation, potential adverse effects of anticholinesterase drugs (for reversal of neuromuscular blockade) and histamine releasing by analgesic drugs. Careful preoperative evaluation and meticulous perioperative management with a personalized anaesthesia plan were essential.

**References:**

1. *BMJ Case Reports CP,***14:**e239052 (2021).

2. Int. J. Immunopathol. Pharmacol. **34**, 4–6 (2020).

3. Arch. Neurosci. **In Press**, 10–13 (2018).