

SAMBA 2024 Annual Meeting

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What is Kounis Syndrome?



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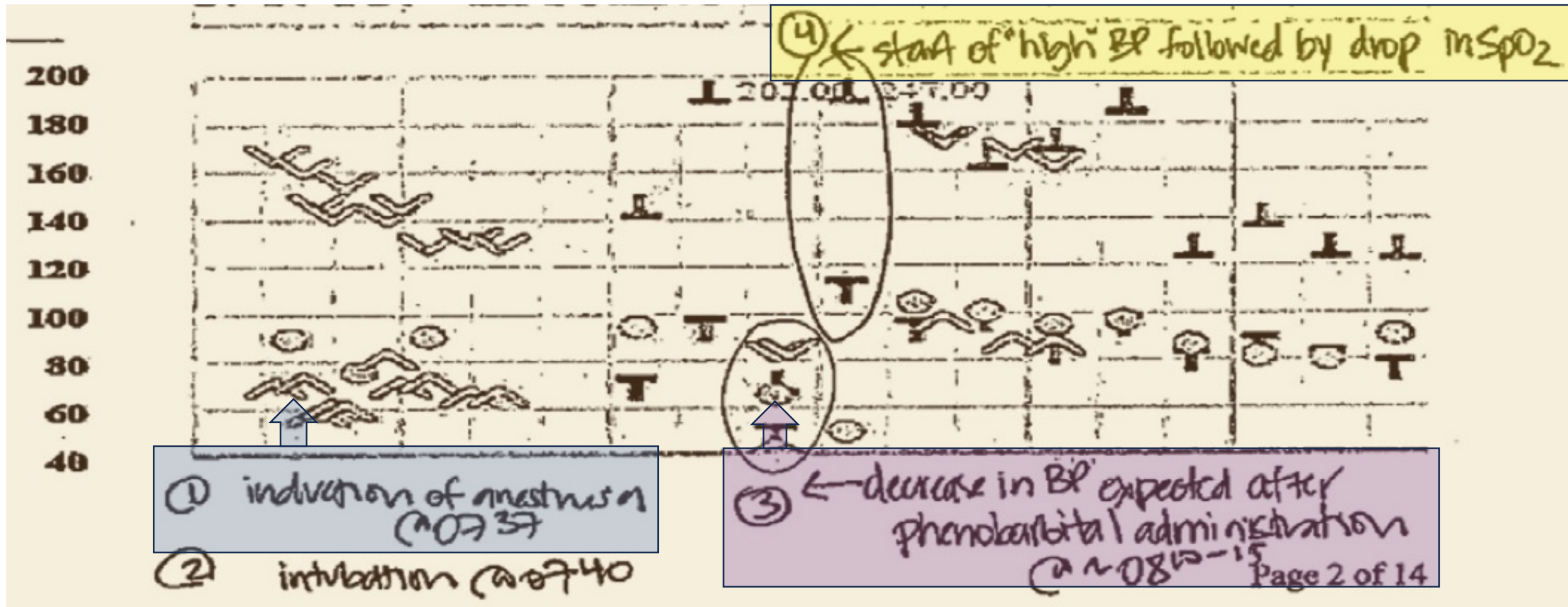
Disclosures

- I receive funding from the International Anesthesia Research Society
- I am an author of UpToDate “Preoperative Evaluation” and receive compensation
- I am the Executive editor of A&A Practice
- On editorial staff of Anesthesiology and Anesthesia and Analgesia
- I have received funding from Medtronic



Too much anesthesia?

67 yo physician for meningioma excision
3 mo prior same surgery aborted after intraoperative event
Induced with fentanyl, propofol, rocuronium



Next...

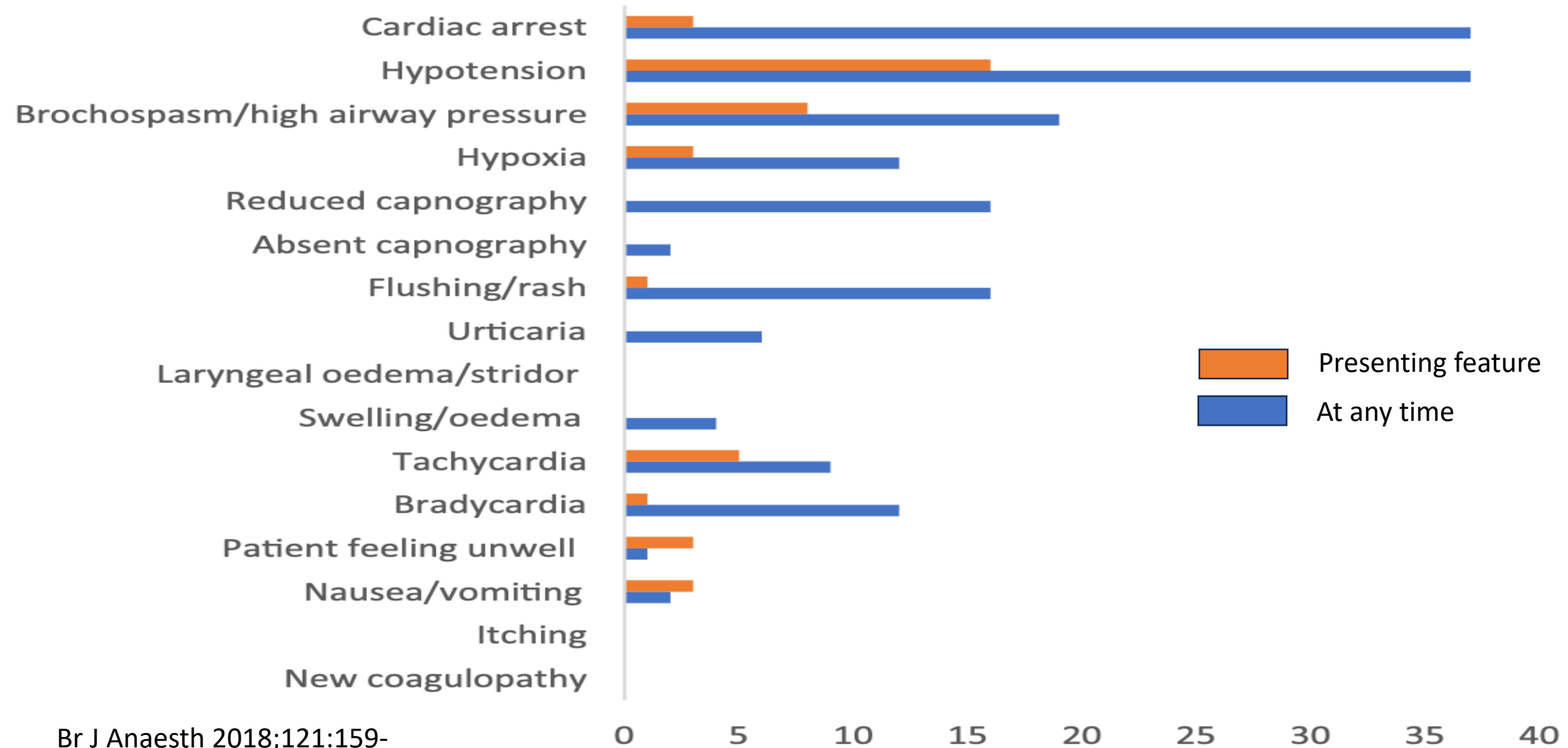
- SpO₂ 79% and pink frothy secretions in ETT
- TEE in OR: EF 40%, apical septal akinesis, anterior and lateral wall HK
- Troponins elevated
- Coronary angiogram: no significant coronary artery disease but findings consistent with Takotsubo cardiomyopathy
- TTE consistent with Takotsubo cardiomyopathy
- Uneventful recovery
- TTE 1 month postop: EF 55%, normal wall motion
- Patient met with cardiologists, anesthesiologists, Dept Chair, did literature search
- Consensus: Takotsubo cardiomyopathy 2nd to stress of surgery and rapid and severe changes in BP

Was Takotsubos the Right Diagnosis?

- Surgery had not even started- where was the “stress of surgery?”
- Rebound BP not that high or much different than pre-induction (SBP 160)
- Only moderate doses of vasopressors
- What caused the sudden drop in BP?
- Was something missed?

- 30 min later BP decreased from 185/100 to 65/55 mmHg; HR fell to 50 bpm
- 20 mg ephedrine, 0.2 mg glyco, phenylephrine infusion 15 mcg/min
- HR and BP rebounded to 100s bpm and 185/115 mmHg

Perioperative Anaphylaxis



CASE REPORT

Intraoperative Kounis Syndrome and Fixation Errors: A Case Report

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- Histamine-mediated coronary vasospasm
- Provoked by an allergic reaction
- Leading to myocardial infarction

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