To,

The Editor

Sub: Submission of Letter to Editor for publication

Dear Sir,

We intend to publish an article entitled “Von Recklinghausen Neurofibromatosis” in your esteemed journal as a letter to editor.

On behalf of all the contributors I will act and guarantor and will correspond with the journal from this point onward.

We hereby declare that we have NO Conflicts of interest and taken permissions from the patient for research publication.

We hereby transfer, assign, or otherwise convey all copyright ownership, including any and all rights incidental thereto, exclusively to the journal, in the event that such work is published by the journal.

Thanking you,

Yours’ sincerely,

Corresponding author: Dr Nishith Govil MD (Anaesthesiology)
nishithgovil@rediffmail.com
Address: Department of Anaesthesiology, AIIMS, RISHIKESH-Pin 249203, INDIA

Contributors

1. Nishith Govil, MD; nishithgovil@rediffmail.com
   Department of Anaesthesiology, AIIMS Rishikesh, India
2. Vijay Adabala, MBBS; vijay.adabala96@gmail.com
   Department of Anaesthesiology, AIIMS Rishikesh.

Running title: Scheuermann's disease

Total number of pages: 1
Total number of photographs: 1

Word counts: 250

Source(s) of support: NONE

Presentation at a meeting: NONE

Conflicting Interest: NONE
von Recklinghausen neurofibromatosis

- Letter to the Editor -

von Recklinghausen neurofibromatosis has a number of anesthetic considerations with varying severity of systemic involvement [1]. A 55-year-old female, operated for hysterectomy for dysfunctional uterine bleeding, had an extensive nodular neurofibroma all over the body (Fig. 1A). Systemic examination revealed normal airway, moderate restrictive lung disease, moderate hypertension and normal screening MRI of brain and spine.

General anesthesia given as per standard protocol except for reduced doses of non-depolarizing neuromuscular blocking agent (NdNMBA) along with neuromuscular monitoring (Fig. 1B). Intraoral airway was normal and minimal movement at cervical vertebrae done during laryngoscopy. Peri-operative period remain uneventful except for increased sensitivity to vecuronium and residual paralysis in Postanesthesia care unit (PACU) even after giving required doses of neostigmine for reversal of NMBA. In PACU patient had to be supported with non-invasive ventilation for maintaining adequate minute ventilation for two hours without any further complication.

Neurofibromatosis is autosomal dominant disease of ectodermal and mesodermal tissue with varying incidence and severity of involvement of all organ system. General anesthesia is preferred over regional anesthesia due to a number of reasons, but if intraoral pathology is suspected than regional techniques should be adopted. Richardson et al. [2] recommended no reduction in doses of NdNMBA after a retrospective inspection of data of anesthetized neurofibromatosis patients. Still, keeping patient euthermic and adjusting doses of NMBA with neuromuscular monitoring are a prudent way to avoid residual neuromuscular paralysis. However, a little commonly encountered coexisting disease, neurofibromatosis pose a fundamental challenge in the decision making of the perioperative care provider for improved outcome of patient.
References


Legend for figures
Fig. 1. (A) Patient having extensive nodular neurofibroma all over the body. (B) Residual muscle paralysis due to increase sensitivity to NdN MBA.