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We present a case of a 5-year-old female with Coats’ disease scheduled for laser treatment for retinopathy of the right eye. The patient did not have any other medical issues. Coats’ disease is a very rare congenital nonhereditary eye disorder that causes full or partial blindness due to retinal telangietasias as well as exudates in and around the retina. Since this disease is so rare it was pertinent to have a thorough history and physical for the child. It is important to recognize that Coats plus syndrome also presents with eye damage in the same manner as Coats’ disease but affects other organs such as the brain and gastrointestinal tract. Knowing the extent of organ involvement greatly shaped our anesthetic plan in this particular case. After a detailed history and physical it was determined that our patient did not have Coats plus disease and only the right eye was affected at this time. The patient was brought into the room and mask induced easily with nitrous and sevoflurane. A 22 gauge IV was then placed in the hand and a 500cc bag of normal saline was started as fluids. Propofol and rocuronium was administered prior to directly laryngoscopy and placement of a size 5 cuffed oral RAE endotracheal tube. The patient was also given morphine for pain and ondansetron for postoperative nausea. Throughout the case any agents that would increase intraocular pressure, such as succinylcholine or atropine, was avoided. All vital signs, particularly heart rate, were closely followed throughout the case. After the ophthalmologist performed laser treatment of the right eye the patient was reversed with glycopyrrolate and neostigmine and returned to spontaneous breathing before the endotracheal tube was removed without incident. The patient was transferred to PACU and remained hemodynamically stable. After a period of observation the patient was discharged home accompanied by her parents.