An 81-year-old man was scheduled for lumbar laminectomy due to spinal stenosis. Surgery proceeded uneventfully under general anaesthesia. Twenty minutes after infiltration of the surgical wound with 150 mg of ropivacaine, the patient developed a tonic-clonic seizure and a supraventricular tachycardia, both reversed pharmacologically. The patient was admitted to an intensive care unit for cardiac and neurological monitoring and treatment. At discharge, cardiac and neurological evaluations were normal and the patient went home with no sequelae.

The diagnosis of systemic toxicity of ropivacaine was made according to the detection criteria of LAST from the American Society of Regional Anesthesia and Pain Medicine and after the exclusion of other probable hypotheses, such as acute stroke or cephalic migration of blood by the subdural space. Local anesthetic toxicity is an uncommon but well documented complication of locoregional anaesthesia. Literature illustrates a wide variation in both the dose and the plasma concentration of local anaesthetics associated with systemic toxicity. Experience from this case suggests that local anesthetic toxicity can happen within safe dose limits after infiltration whenever major incisional surgical trauma and increased susceptibility to local anaesthetic toxicity coexist in the same patient. Careful monitoring and preparedness for managing complications during the conduct of locoregional analgesia cannot be neglected.