The Surprise Adult Congenital Heart: Emergent Embolectomy for Stroke in a Patient with Fontan Physiology

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31-year old woman with a history of tricuspid atresia, hypoplastic right heart s/p Fontan, pulmonary HTN, basilary artery thrombus and PE (noncompliant with warfarin) who presented with aphasia and altered mental status and was found to have left M1 occlusion. Other history notable for multiple venovenous collaterals, sinus node dysfunction s/p Maze procedure with epicardial DDD pacemaker placement, cirrhosis with portal hypertension, and being a current smoker. She received tPA at an outside hospital and was transferred to Strong Memorial Hospital for further management. She was brought to the OR without anesthetic evaluation, where the surgical team requested general endotracheal anesthesia. Physical examination and chart review revealed her cardiac history, and the anesthetic planned was moderate to deep sedation given her both her risk of instability with induction of GA and her uncooperativeness (which precluded lesser sedation).

Arterial blood pressure was monitored with intra-arterial catheter. Anesthesia was achieved with dexmedetomidine 200mcg IM and isoflurane via bi-flow nasal cannula. Supplemental hypnosis and analgesia was given with doses of ketamine 10mg IV.

A magnet was applied to her pacemaker, which reverted to DOO with a rate of 90bpm. The surgical team obtained femoral arterial access and proceeded with embolectomy, which was successful. When the case was finished, the patient was transported to the Neuromedicine ICU, where she was lucid and cooperative with neurologic exam shortly after the procedure.