**ABSTRACT**

**INTRODUCTION:** This case highlights the challenges encountered when giving an anaesthetic for a patient with congenital hypothyroidism for non-thyroid surgery in a poorly resourced hospital.

**CASE:** A 27-year-old female with cretinism weighing 13kg with perforation of the right eye was scheduled for emergency evisceration. She was diagnosed with congenital hypothyroidism at the age of 2 months and commenced on thyroxine. She debuted in her treatment and absconded from review; she had also been coughing for a few days prior to this presentation. She was obviously small for her age. She had a large tongue. The skin was thickened and dry. She had basal crepitations in both lungs. She was mentally retarded. Her muscle tone was normal. She had a good radial pulse volume which was regular in rhythm. The heart rate was 56/min and regular in rhythm. Her skin was thickened and dry. She had basal crepitations in both lungs. She was mentally retarded. Her muscle tone was normal. She had a good radial pulse volume. Her heart rate was 56/min and regular in rhythm. She had basal crepitations in both lungs. The patient was intubated using a size 5 cuffed RAE tube and ventilated on IPPV mode.

**DISCUSSION:** In this case, the patient was intubated using a size 5 cuffed RAE tube and ventilated on IPPV mode. Pulse oximetry was the only monitoring equipment used. She had a good saturation throughout the 30 minutes procedure. The ophthalmology registrar put in a peribulbar block for postoperative analgesia at the end of the procedure. The muscle relaxant was reversed with neostigmine and atropine and she was extubated uneventfully. Paracetamol and pethidine were written up for postoperative analgesia. Her recovery was uneventful.

**REFERENCES**

