Presentation:
A previously healthy 32-year-old G3P1011 woman at 24 weeks gestation with fetus diagnosed by prenatal ultrasound with L3-S1 myelomeningocele presented for hysterotomy and fetal myelomeningocele repair under general anesthesia.

Anesthetic Challenge:
After mild sedation with versed, the patient received a T11/12 thoracic epidural intraoperatively prior to induction of general anesthesia. Uneventful rapid sequence induction with tracheal intubation was performed. Immediately after intubation, TIVA using propofol and remifentanil infusions was initiated. One additional large bore intravenous line and radial arterial line were obtained. After uterine exposure, the TIVA infusion was stopped and inhalation anesthesia was initiated to an end tidal Desflurane concentration of 12%. After eight minutes on inhalation anesthesia, the patient experienced a wide complex junctional rhythm with heart rate at 65-70 bpm. Blood pressure was stable despite change in cardiac rhythm and remained within 20% of pre-operative baseline value. Desflurane was reduced to 6% concentration. After every 10-15 beats of a wide complex junctional rhythm, an intrinsic rhythm with P-waves was seen for 1-3 beats duration followed by return of wide complex junctional rhythm (Figure 1). The decision was made to give 0.1mg glycopyrrolate to accelerate the heart rate and successful return to sinus rhythm was established. Desflurane concentration was maintained at 7% with adequate uterine relaxation. The arrhythmic episode lasted for five minutes without complications.

Figure 1: Electrocardiogram depicting AIVR after rapid high concentration of desflurane administration with one fusion complex (white star) and three sinus complexes (black stars). Courtesy of Marret et al.