

Stuve-Wiedemann Syndrome (SWS): A Case Report and Series of Anesthetics

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Introduction

- Leukemia Inhibitory Factor Receptor Gene: autonaumic nervous system dysfunction with unexplained hyperthermia, disordered breathing, hyperhydrosis, swallowing dysfunction, bowing of the long bones and scoliosis
- Many children die as infants from hyperthermia or disordered breathing
- Anesthesia issues: unexplained hyperthermia seen in most SWS, along with a subset who have inborn errors in the mitochondria of the respiratory chain.

Case Report

- 4 YO F w/PMHX SWS, severe scoliosis, long limb bowing, and prior OSA transferred from Palestine to LPCH
- PSHX Palestine: Tonsillectomy for OSA, MRI
- Anes Palestine: Used VA without clinical issues
- PSHX LPCH: 2 osteotomies, dental rehab, Mehta Cast
- Anes LPCH: PO midazolam, MH precautions (N2O/PIV/TIVA) CLE for osteotomies, 1 Anes w/VA for induction with planned change to TIVA
- No clinically significant issues during LPCH anesthetics



Discussion

- MH precautions still in question for these patients given unpredictable hyperthermia, while use of a TIVA may place the subset of SWS patients w/mitochondrial defects at risk.
- Cormier, et al: NL muscle bx in series of SWS patients
- Bonthius, et al: series of sevoflurane anes in a 3 YO, no complications
- LPCH Anes series 4YO w/both VA (Palestine) and TIVA without complications
- More research needed to clarify the safest anesthetic
- Currently, paucity of literature on which to base anesthetics.

References

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