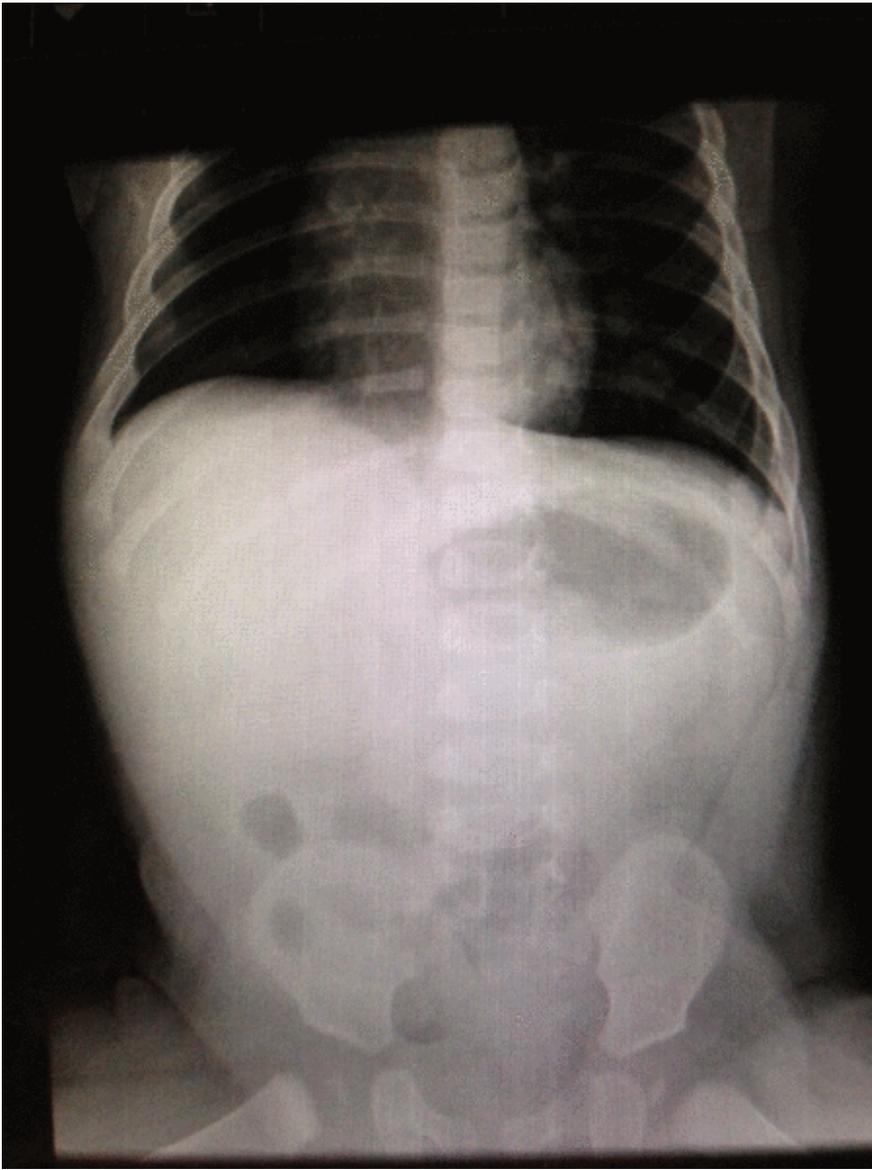


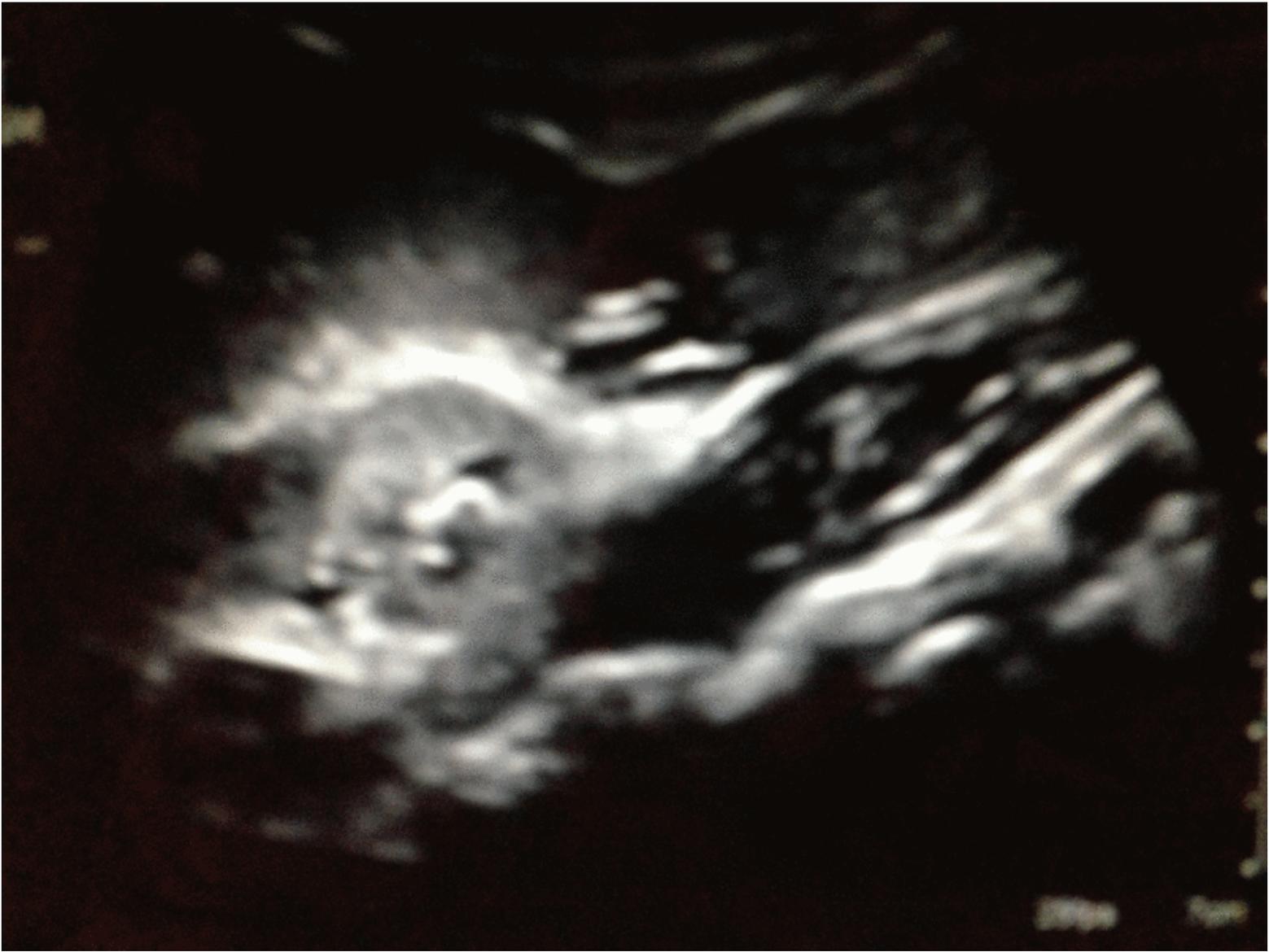
Menser C

Vanderbilt Children's Hospital , Brentwood , TN, USA

---

A healthy ASA 1 six-month-old male with redundant foreskin and a penile skin bridge presented for circumcision revision. He was born fullterm without perinatal complications. The anesthetic course consisted of an uneventful inhalational induction, peripheral intravenous catheter placement, and general anesthesia with a laryngeal mask airway and standard monitors. The surgeon performed a penile block and analgesia was supplemented with fentanyl administration. The surgical procedure was completed without complication and the patient was taken to the PACU for recovery after removal of the LMA under deep anesthesia. On arrival to PACU, the patient appeared comfortable and all vital signs were within appropriate ranges for his age. After awakening in the PACU, the patient tolerated Pedialyte and his family was brought to the bedside. A short time later, the bedside nurse administered fentanyl given concern for pain exhibited by increased fussiness and elevated blood pressure. Repeat analgesic dosing a brief period later still did not provide improvement in the patient's clinical appearance. The family then changed the patient's diaper and noted some blood that appeared to be associated with the stool rather than from the surgical site. The anesthesiologist was notified and arrived to assess the patient. On arrival, the anesthesiologist noted a fussy infant who was hypertensive and writhing in his family's arms. Further evaluation of the recently changed diaper revealed bloody, gelatinous stool. Given the constellation of abnormal stools and uncontrolled pain the decision was made to further evaluate for possible abdominal pathology. An abdominal x-ray was obtained and showed an abnormal bowel gas pattern. Follow up imaging with an abdominal ultrasound revealed ileocolic intussusception. The pediatric surgery team was consulted. After two failed air enemas the patient returned to the operating room for an exploratory laparotomy and successful reduction of the intussusception.





---