Halothane for Surgical Removal of Pheochromocytoma

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The anesthetic manaement of patients operated for pheochromocytoma was studied, using halothane as a principle anesthetic, desining to support the use of halothane for this condition. It is because halothane is the only inhalation anesthetic most familiar to anesthesiologists and nurse anesthetists in Thailand.

Patients were 24 in series, scheduled for operation from January 1979 to February 1990. Fourteen were females and 10 males. All patients had typical symptoms and signs with VMA positive. Phenoxybenzamine was used as a pharmacoloic preparation combined with inderal@ (Prazpsom) as omdocated/ Dorected arteroa; pressire. EKG, CVP, urine output are essential monitoring. Well reconized intraoperative complications, hypertension, arrhythmia and hypotension after tumors removal occured but are easily managed. Arterial pressure was controlled by varyin the inspired concentration of halothane. Sodium nitroprusside (SNP) was given in addition in only 10 cases with minimal dosage and short period of time. Arrhythmia appeared in10 cases which is not serious, easily converted with 1-2 doses of xylocaine or propanolol. Hypotension after tumor removal is also easily corrected mostly by fluid replacement.

In conclusion, the successful use of halothane in 24 patients is confirmed the safety of halothane for pheochromocytoma, its sympathoadrenal depressin properties is very useful to modulate the charcteristic hypertension during operation. Arrhythmogenic effect is not really a contraindication.

Infact, alert anesthesiologist, well understanding pathophysiology of the disease, effective monitoringg and prompt management to the complication are more meaning than anesthetic drugs.