Aborted anesthesia for PET/CT scan in a terminally ill child with rhabdoid tumor: a case report

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Introduction
Malignant rhabdoid tumor (MRT) is a very aggressive and highly lethal malignancy seen in pediatric patients, with a survival rate of only 23%.

Case Report
A 15-month old boy with metastatic MRT of the left kidney presented for a staging PET/CT requiring sedation. He had several prior hospital admissions for fever, neutropenia, and hematuria requiring numerous transfusions of blood products.

At our institution, total body warming and injection of the fludeoxyglucose (FDG) radiotracer often occurs prior to consent and consultation for anesthesia. In this case, just before FDG injection, the anesthesiologist noted that there was no recent hemoglobin (Hgb) measurement. It was then discovered that the patient had been transfused twice in the previous week as an outpatient. A follow up Hgb was never obtained as this was not part of Oncology’s routine practice.

An emergently obtained Hgb was found to be 6.1 g/dL, with a confirmatory value of 5.9 g/dL. The PET scan was immediately aborted, and the patient was admitted to the hospital and eventually declared end-of-life. He expired 72 hours later.

Discussion
The role of pediatric anesthesiologists in providing care outside of the OR setting is becoming increasingly more common, taking on an even larger role as perioperative physicians. This requires us to be even more proactive and vigilant in assuring patient safety and educating non-anesthesia providers. We must not only use our medical knowledge but also apply ethical principles to each situation. Subjecting someone at the end of life to an unnecessary test, procedure, or exposure to anesthesia is problematic.

Having coordination of care between specialties and communication between the services for optimal patient care is critical. With the advent of new technologies, it behooves us to explore their impact on our ethical principles and how they affect the doctor-patient relationship.

Questions
A. Who should be responsible for the appropriate pre-procedure work-up and documentation?
B. Given the severity of disease progression, why was this patient scheduled for an elective diagnostic procedure?
C. How can the importance of optimizing a patient and minimizing risks of anesthesia be conveyed when other services approach such exams as routine tests?

References