INTRODUCTION
Emergence delirium (ED) is defined as “a disturbance in a child’s awareness of and attention to his/her environment with disorientation and perceptual alterations including hypersensitivity to stimuli and hyperactive motor behavior in the immediate post anesthesia period.” (1) This condition is most commonly observed in young children who have received sevoflurane anesthesia. Other possible contributing factors include preoperative anxiety, emotional/impulsive temperament, and postoperative pain. (2) ED generally occurs in the PACU and spontaneously resolves within 15 minutes. Prevention strategies include treatment of preoperative anxiety, use of total intravenous anesthesia and avoidance of postoperative pain including use of regional and peripheral nerve blocks. Treatment of ED includes close observation and prevention of injury, and medical therapy include propofol, analgesics, and alpha 2 agonists. (3) We describe an unusual case in which symptoms consistent with ED persisted for several hours.

CASE REPORT
7 y/o, 28 kg boy with PMH of cerebral palsy and asthma presented for bilateral percutaneous achilles tendon lengthening. He underwent an uneventful inhalational induction and placement of a laryngeal mask airway. Along with sevoflurane, he received intraoperative acetaminophen, fentanyl, propofol, dexamethasone, and odansetron. Emergence was uneventful. In PACU, he became agitated, unconsolable, and combative. After several minutes of observation and no improvement of his symptoms, we administered IV propofol 60mg in divided doses and morphine 1.4mg with improvement. Symptoms recrudesced over many cycles of treatment that included additional doses of propofol/morphine, along with IV dexmedetomidine 10 mcg, ketorolac 14 mg, midazolam 1mg, and diazepam 3 mg. During occasional lucid moments, he reported itching and tightness underneath the leg casts. The orthopedic team was reluctant to bivalve his casts for concern of reducing effectiveness of the procedures, which contributed to a timeline of several hours of treatment. Finally, the casts were bivalved under propofol sedation in PACU, and all symptoms abated with no need for further treatment.

DISCUSSION
ED is a significant postoperative problem that most commonly occurs in young children following inhalational anesthesia. The etiology of ED is poorly understood and likely is multifactorial. Contributing factors may include rapid awakening from anesthesia in an unfamiliar environment, postoperative pain, fluctuating GABA receptor stimulation, and variable recovery of CNS function after anesthesia. (2) In our patient, pain/discomfort was clearly an important contributing factor to the symptomatology, as no treatment was successful until the casts were cut. Anesthesiologists should consider the contribution of casts or other surgically related devices/dressings to ED.

REFERENCES