

Postanesthetic Cerebral Infarction Following Neck Dissection

– A case report –

Department of Dental Anesthesiology, *Department of Oral and Maxillofacial Surgery,
Seoul National University College of Dentistry

**Chang-Joo Park, Jong-Ho Lee*, Myung-Jin Kim*,
Hyun-Jeong Kim, and Kwang-Won Yum**

Postoperative stroke is uncommon even in elderly patients, who have a higher incidence of all types of postoperative complications. The mechanism of postoperative stroke is not certain, but can be explained by intravascular clottings originated from thrombus or embolus or by intracranial hemorrhage.

In a 66-year-old male patient with current hypertension medication, who underwent both neck dissection for malignancy metastasis under general anesthesia, the left hemiparesis and delayed emergency were found postoperatively. After transferred to intensive care unit, he got the thrombolytic therapy and then the therapies to decrease the swelling of the brain on the diagnosis of cerebral infarction in the vascular distribution of the middle cerebral artery. A brain MRI definitely showed the midline deviation to the left of the right brain hemisphere due to the progressing edematous changes. As he got worse, the emergency neurosurgical operation was proposed but rejected by his family. He died at postoperative 3 days.

In this hypertensive patient, perioperative stroke could be originated from the surgical stimuli on major vessels, which were inevitable in neck dissection during the operation. We report this case of the postoperative stroke, which could be highly possible to be associated with extensive head and neck surgery.