

Anaesthesia for Awake Craniotomy: A Case Report

Faisal Abdulaziz Almannaci, BSc, MD* Rand Abdulrahman, MB BCh BAO** Amir Mustafa, Msc, FEBA, CABA-IC, DESA***
Shahid Adeel, FCARCSI****

ABSTRACT

Awake craniotomy (AC) is an operative method developed in the early 20th century that allows testing of functional cortical areas during tumor resection. We take the case of a 62-year-old male who was diagnosed with Grade IV Glioblastoma extending to the temporoinsular and temporal opercular region, with suspicion of infiltration into the right Wernicke's area. Considering comorbidities, the patient was found to be a good candidate for AC to allow intraoperative mapping of affected functional cortical areas. Using a combination of local anaesthesia (LA) to the scalp, in a combination with systemic infusion of propofol and boluses, the tumor was successfully excised while maintaining vital stability of the patient. We screened the literature for other possible methods and different dynamics of sedation, as well as possible complications.

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* Senior House Officer in Anesthesiology
Department of Anesthesia and Pain Management
King Hamad University Hospital, Al Sayh, Bahrain.
E-mail: faisal.almannaci@khuh.org.bh

** Clinical Educator
Royal College of Surgeons in Ireland, Bahrain

*** Senior Registrar in Anesthesiology

**** Consultant Anesthesiologist
Department of Anesthesia and Pain Management