

Endoscopy under general anaesthetic in patients with metabolic disorders

Sir,

The authors' hospital is home to one of the largest adult metabolic centres in the world. It has a cohort of about 1100 patients and sees those with conditions such as mucopolysaccharide storage disorders. Certain groups of patients with metabolic disorders are renowned to be difficult to intubate as a result of craniofacial abnormalities.

Patients with complex metabolic disorders can present with a variety of complex upper gastrointestinal symptoms requiring endoscopy and, for example, Barrett's oesophagus occurs more frequently in patients with Cornelia de Lange syndrome (Akhtar et al, 1997). In addition, patients with urea cycle disorders are treated with medications that are very acidic (pH 2–4), theoretically increasing the risk of peptic ulceration and gastrointestinal bleeding. UK guidelines (Bell and Quine, 2006) state that learning difficulties is an indication for endoscopy under general anaesthetic.

The authors reviewed the safety complications and success rates of upper gastrointestinal endoscopic procedures which had been performed for patients with metabolic disorders under general anaesthetic.

The records of 10 procedures in patients with inherited metabolic syndromes who had an upper gastrointestinal endoscopy performed under a general anaesthetic were retrospectively reviewed. Of these, seven endoscopies were therapeutic, and the remainder were performed for diagnostic purposes. One procedure was an expected difficult intubation and was performed with bougie and McGrath videolaryngoscope. The other endoscopies had uneventful intubations. All procedures were successful.

The authors conclude that performing upper gastrointestinal endoscopy under general anaesthetic is a safe and clinically useful procedure for the diagnosis and management of patients with complex inherited metabolic disorders and severe learning difficulties.

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Akhtar MI, Gunasekaran TS, Berman JH, Sileikiene D, Montes R, Duncan RC, Kraut JR (1997) Cornelia de Lange Syndrome and Barrett's Esophagus: 123. *J Pediatr Gastroenterol Nutr* 25(4): 473

Bell GD, Quine A (2006) Cardio-pulmonary and Sedation-related Complications. BSG Guidelines in Gastroenterology. www.bsg.org.uk/pdf_word_docs/complications.pdf (accessed 25 October 2016)

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