

## Anesthetic considerations in a patient with cervical spine surgery history undergoing laparoscopic cholecystectomy NATALI DELIPETROVA, Martin Lazarevski, Marjan Mihailov, Biljana Eftimova

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This case report presents the anesthesiological management of a 68-year-old male patient undergoing laparoscopic cholecystectomy for recurrent acute cholecystitis. The patient has a significant surgical history, including a cervical spine operation in 2022, following a diagnosis of quadriparesis, spinal stenosis (C4-C5), and polydiscopathy of the cervical region. The 'surgery on. C5 anterior previous involved decompression, corpectomy, C4 hemicorpectomy and hemiforaminectomy, transpedicular fixation from C4-C6, and the application of a MESH. Despite the successful operation, the patient continued to experience paresthesia in both the upper and lower extremities, requiring the use of crutches for mobility. A subsequent neck x-ray revealed ventral marginal osteophytes of the cervical vertebral bodies.



Given the patient's cervical spine pathology and residual neurological deficits, particular caution was necessary during the anesthesiological evaluation and planning for intubation. The patient had a Mallampati score of 2, a thyromental distance greater than 6 cm, and no significant dental abnormalities. Neck mobility was preserved, and there were no additional intubation contraindications for standard techniques. However, the residual paresthesia and history of spinal surgery warranted close monitoring and careful positioning during anesthesia to avoid potential spinal cord or nerve impingement.

This case underscores the importance of thorough preoperative assessment and tailored anesthesiological strategies in patients with complex spinal histories, particularly when surgical procedures are being performed in anatomically and neurologically sensitive regions.