



She suffered extravasation of her propofol infusion, which resulted in intrinsic compression within her forearm muscle compartments” Kalraiya et al (2015).

Reference:

Kalraiya, A.J., Madanipour, S., Colaco, H. and Cobiella, C. (2015) Propofol extravasation: a rare cause of compartment syndrome. BMJ Case Reports. May 7th.

Propofol extravasation cause of forearm compartment syndrome [@ivteam #ivteam](http://ctt.ec/66tOB+)

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Abstract:

We detail a rare cause of forearm compartment syndrome that occurred in an 18-year-old patient who presented with a Glasgow Coma Scale of 13/15 after a mixed drug overdose and subsequently required intubation. She suffered extravasation of her propofol infusion, which resulted in intrinsic compression within her forearm muscle compartments. Fortunately, the diagnosis of compartment syndrome was made swiftly and the patient was taken to theatre within 3 h where she underwent an emergency forearm fasciotomy. She made an uneventful recovery and at follow-up her wounds had healed well with no associated morbidity or loss of function. The learning points of this study highlight the importance of thoroughly understanding the signs and symptoms of compartment syndrome while maintaining a high index of suspicion. In addition to a thorough history and examination, consideration of the



potential underlying causes allows for a swifter diagnosis and a quicker transition to theatre.

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