

**Could propofol aggravate the restless leg syndrome in patients with end stage renal disease?- A case report**

Min-Sheng General Hospital

Wei-Cheng Yao\*, Chi-Lun Yu, Chun-Yuan Wu, Han-Hsiang Su, Cheng-Sen Huang,  
Cheng-Chen Huang, Gray-Song Yang

**Introduction:** Restless legs syndrome (RLS) is the spontaneous movement of the limbs (mainly legs) associated with unpleasant, sometimes painful sensation which is relieved by moving the affected limb. Prevalence of RLS among people with end-stage renal disease (ESRD) has been estimated between 6.6% and 80%. RLS is associated with lower quality of life (QOL) and higher cardiovascular morbidity and mortality.

**Case Report:** A sixty woman has end stage renal disease (ESRD) under hemodialysis for 5 years and was diagnosed as idiopathic RLS two years ago underwent colonofiberscopy because of bloody stool. She experienced general anesthesia for endoscopy before. She mentioned that she didn't have an acute exacerbation of RLS symptoms after previous anesthesia and didn't need "more anesthetics". She didn't take her usual dose of ropinirole (4 mg) orally at the day time because of nil per os (NPO). She received 100 mg of Propofol iv. and 0.1 mg of Fentanyl iv for colonofiberscopy. She was breathing spontaneously and remained haemodynamically stable after the induction of anesthesia. However, she developed some involuntary movement of both legs. Fifteen minutes later, she was fully awake but she has involuntary movements intermittently of legs and soreness. The next day she took her usual dose of ropinirole and was discharged without further complaints.

**Conclusion:** Anesthesia and surgery may exacerbate symptoms in patients with RLS because of immobility, stress and anesthesia.

中文題目：腎衰竭血液透析病人接受麻醉可能誘發原有之腿不寧症候群

作者：姚維正\*，余志倫，吳崇源，蘇翰香，黃正森，黃震城，楊貴松(報告者請以\*表示，如梁信杰\*)

服務單位：敏盛綜合醫院 麻醉醫學部