V. 結　語

WAS患者の歯科治療のための静脈内鎮静法を経験した．本症候群の麻酔に際して問題となるのは血小板数低値による出血傾向，免疫不全による易感染性である．本症候群の歯科治療のための全身管理でも，医学部担当医と連携し，慎重な管理が必要である．

本論文のすべての著者に開示すべき利益相反はない．

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Intravenous Sedation for Dental Treatment in a Patient with Wiskott-Aldrich Syndrome

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Abstract

Wiskott-Aldrich syndrome is a congenital X-linked immunodeficiency characterized by frequent infections, thrombocytopenia, and eczema. Thrombocytopenia is one of the disease's most common initial symptoms, and intracranial bleeding secondary to thrombocytopenia is frequently noted.

Potentially serious complications of intravenous sedation in patients with Wiskott-Aldrich syndrome include bleeding tendencies secondary to thrombocytopenia and an increased susceptibility to infections.

Here, we report an 18-year-old man (height, 159 cm ; weight, 54 kg) with Wiskott-Aldrich Syndrome who was given intravenous sedation prior to a dental treatment. The dental procedures performed under sedation were a pulpectomy and root canal obturation. Prior to the treatment, he underwent an intravenous platelet transfusion. Laboratory tests showed an increase in the thrombocyte count. In addition, an antibacterial medication (1 g of cefazolin sodium hydrate) was administered intravenously to prevent postoperative infections.

The patient was sedated using an intravenous infusion of midazolam and propofol. It became necessary to increase the dosages of these sedatives to maintain an optimum sedation level. The prior intake of clobazam was suspected to have caused some resistance to the benzodiazepines. No perioperative complications were noted.

The dental treatment was safely and successfully concluded, with special attention given to the general anesthesia.

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