A New Threat in Anaesthesia-Bonzai

Yonca Yanlı, Mehtap Özdemir

Clinic of Anaesthesiology and Reanimation, Ümraniye Training and Research Hospital, İstanbul, Turkey

To the Editor,

Anaesthetists face problems in anaesthesia management of patients and have various preoperative problems in parallel with today's changing conditions. Some of them are rare and some are common preoperative diseases. Another group includes cases realized because of changes in the patient's clinical features. However, various drugs and herbal extracts taken by the patient without giving their medical history may leave us in an extremely difficult situation. In this paper, it was aimed to share the experience of a patient in whom ureterorenoscopy was planned for his urethral calculi.

The patient was a 43-year-old male. His weight was 76 kg and height was 176 cm. He was taken to the operating room after receiving his written informed consent. There was no other feature apart from hypertension in his preoperative evaluation. He was receiving acetylsalicylic acid 100 mg and metoprolol succinate 50 mg tablets. The blood pressures were within the reference interval in his preoperative follow-ups. When he came to the operating room, his blood pressure was 210/126 mmHg and his heart rate was 86 pulses/min. Considering that he could have anxiety, the patient was sedated with midazolam and remifentanyl hydrochloride. On being unable to lower the blood pressure, he was taken to the recovery room for follow-up. During the 2 h follow-up, he was given captopril 25 mg tablet. However, the blood pressure was still high. The problems that he could face because of the situation were told him in detail. Thereupon, the patient mentioned that he was a drug addict and that he took Bonzai because he had a high stress the night before the operation. In view of this clinical picture of rising blood pressure, the operation was postponed until he became haemodynamically stable.

As all of us watch the developments with anxiety, bonzai has become among the most important drug problems in our day. Bonzai is a semi-synthetic drug, obtained by adding various chemicals to some dried and shredded plants. It takes the name because the leaves of bonzai tree are generally used. The synthetic drug is known as Jamaican, Spice, Spice Gold, Spice silver, Yucatan Fire and K2 (1-3). Although there are not accurate data with respect to its prevalence, its use has increased because of its easy access and relatively low price. It is seen that synthetic cannabinoid, which is a content of Spice and Spice-like products, has just begun to be forbidden and kept under control in Austria and Germany (1, 2, 4). In our country, it was widely used, till it was added to the drug and stimulant list in the drug inspection law by the Decree of the Council of Ministers dated 07.01.2011 and numbered 2011/1310 (13.02.2011 dated and 27845 numbered official journal) (1).

Although similar effects are seen with an excess of marijuana use, it is emphasized by researchers that bonzai is much more dangerous. One of the most important symptoms of it is its stimulant effect on the cardiovascular system (2-5). It causes sudden death because of a sudden and fast increase in blood pressure and a rise in the heart rate. There is some evidence indicating there is a correlation between synthetic cannabinoid use and acute renal failure (5). Moreover, it may lead to symptoms such as severe dryness of the mouth, eye redness, hallucination, convulsion and loss of consciousness (3, 4). To diagnose it is highly difficult unless the person himself reports or he is closely followed up (4).

We realized with anxiety and worry in this patient that bonzai may be among the reasons in cases with hypertension of unknown origin. We aimed to share our experience.

Informed Consent: Written informed consent was obtained from patient who participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - Y.Y.; Design - Y.Y., M.Ö.; Supervision - Y.Y., M.Ö.; Funding - Y.Y.; Materials - Y.Y.; Data Collection and/or Processing - Y.Y., M.Ö.; Analysis and/or Interpretation - Y.Y., M.Ö.; Literature Review - Y.Y.; Writer - Y.Y.; Critical Review - M.Ö.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

References

1. Uyuşturucu ve uyarıcı maddeler hakkında kaynak bilgiler (20.07.2014). Sentetik Cannabinoid (Bonzai). The web site: <http://www.uyusturucumaddeler.com/bonzai.aspx>
2. Zimmermann US, Wilkelmann PR, Pilhatsch M, Nees JA, Spanegel R, Schulz K. Withdrawal Phenomena and Dependence Syndrome After the Consumption of "Spice Gold". *Dtsch Arztebl Int* 2009; 106: 464-7.
3. Narconon International (2010-2014). Signs and Symptoms of Spice Use. The web site: <http://www.narconon.org/drug-abuse/sign-symptoms-spice.html>
4. Brents LK, Prather PL. The K2/Spice Phenomenon: emergence, identification, legislation and metabolic characterization of synthetic cannabinoids in herbal incense products. *Drug Metab Rev* 2014; 46: 72-85. [CrossRef]
5. Drugscope (11.11.2013 Version 1.1). Synthetic cannabinoids. The web site: <http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Publications/psyclone201.1.pdf>.