CORRESPONDENCE

Impact of data by Fujii and colleagues on the meta-analysis of metoclopramide for antiemetic prophylaxis in women undergoing Caesarean delivery under neuraxial anaesthesia

Editor—We have recently performed a systematic review assessing the efficacy of metoclopramide 10 mg for the prophylaxis against intraoperative and postoperative nausea and vomiting (IONV and PONV) in women undergoing Caesarean delivery under neuraxial anaesthesia. Shortly after the publication of our review, doubts have been raised regarding the validity of data included in the articles by Fujii and colleagues. Based on the findings of his meta-analysis of the studies published by Fujii and colleagues, Carlisle suggested that work by this group should be excluded from scientific evaluation. Since we included two articles published by Fujii’s group in our meta-analysis of 11 studies, we sought to perform a sensitivity analysis to assess whether our results and conclusions are affected by the inclusion of the two studies by Fujii and colleagues.

In those two studies, Caesarean delivery was performed under spinal anaesthesia with study drugs (metoclopramide or placebo) administered after clamping of the umbilical cord. Excluding data from the two studies did not change the results for the primary intraoperative endpoints, still indicating that metoclopramide was more effective than placebo for post-delivery ION [relative risk (RR) 0.31; 95% confidence interval (CI) (0.11, 0.85)] and IOV [RR 0.23; 95% CI (0.07, 0.77)] prophylaxis.

Postoperative results were also not affected by excluding data from those two articles, with the pooled results still suggesting that metoclopramide was effective for early (0–3 or 0–4 h) PON [RR 0.44; 95% CI (0.22, 0.89)], early POV [RR 0.39; 95% CI (0.16, 0.94)], and overall (0–24 or 3–24 h) PON [RR 0.70; 95% CI (0.52, 0.93)] prophylaxis. No conclusion could be drawn for overall POV [RR 0.81; 95% CI (0.28, 2.36)] due to the wide CI.

In summary, the results of our recently published meta-analysis were not affected by excluding the studies published by Fujii and colleagues and indicate that metoclopramide 10 mg is an effective modality for antiemetic prophylaxis in the obstetric patient population.

Declaration of interest
None declared.

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Hydroxyethyl starch in the management of obstetric haemorrhage, friend or foe?

Editor—Obstetric haemorrhage is a leading cause of maternal mortality, although haemostatic impairment in obstetric patients has been poorly reported. Recently, i.v. tranexamic acid has been suggested as an effective treatment. In addition, Cortet and colleagues observed that fibrinogen plasma levels <3 g litre$^{-1}$ correlated with severe bleeding, suggesting the effectiveness of i.v. infusion of fibrinogen concentrates. Thromboelastometry (TEM) can also rapidly identify coagulation disorders associated with peripartum haemorrhage, and helped in choosing an adequate haemostatic treatment with improved prognosis. A close relationship was reported between fibrinopenaemia and maximum clot firmness (MCF) using TEM.

In patients with haemorrhage, hydroxyethyl starch is commonly used which may complicate the evaluation of haemostasis and therapeutic decisions, as illustrated in the following case.

A 37-yr-old multigravida woman at 22 weeks gestation presented with abdominal pain for 24 h, vaginal bleeding, and absence of fetal movement. Emergency blood count, biochemistry, and coagulation tests were normal. Abdominal ultrasound showed the absence of fetal heartbeat. Induction of labour was decided on, with an epidural for analgesia. Thirty minutes later, the patient had hypotension which was treated with hydroxyethyl starch 130/0.4 (6%) 500 ml. A new ultrasound showed signs of placental abruption so an emergency Caesarean section under general anaesthesia