WIRKUNGEN VON ANAESTHETICS UND IHRE AUSWIRKUNGEN MIT ANDEREN NEUROMUSKULAREN BLOCKERN BEI DER KATZE

ZUSAMMENFASSUNG

Katzen, die mit Chloralose leicht anaesthesiert waren, wurden mit 75% Lachgas beatmet, wobei es zu keiner Wirkung auf den arteriellen Blutdruck, die Herzfrequenz oder die indirekte Stimulation des Gastrocnemiusmuskels kam. Blockade mit Tubocurarin und Gallamin wurde signifikant verstärkt, jedoch war die Blockade durch Suxamethonium fast unbeeinflusst. Beatmung mit ungefähr 0,5% Halothan verursachte Hypotension und Bradycardie und unterdrückte leicht die Reizantwort des Muskels auf indirekte tetanische Reize, wobei jedoch die einzelnen Zuckungen nicht beeinflußt waren. Die Intensität und Dauer der Paralyse durch Tubocurarin war signifikant verkürzt, die Wirkung von Suxamethonium war praktisch unverändert. Infiltration von Thiopenton 8–10 mg/kg i.v. erniedrigte den arteriellen Blutdruck und die Herzfrequenz, wobei die tetanischen Kontraktionen der Muskeln verstärkt wurden. Die Intensität und Dauer der Paralyse durch Tubocurarin und Gallamin war stark verändert, während die durch Suxamethonium unverändert war. Halothan und Thiopenton potenzierten die hypotensive Wirkung von Tubocurarin.

CORRESPONDENCE

CARDIOVASCULAR COLLAPSE FOLLOWING INDUCTION WITH PROPANIDID

SIR,—Severe hypotension after injection of propanidid (Gjessing, 1969), or after repeated application of propanidid (Johns, 1970; Bradburn, 1970; Manz and Funk, 1969) may indeed occur. Propanidid is not entirely free from depressant action on the myocardium and peripheral vessels, as has been demonstrated by Sankawa (1965) in experimental studies on dogs, and by Johnstone and Barron (1968) and Radnay (1969) in clinical practice.

Our patient of 63 years was scheduled for transurethral resection for cancer of prostate. Apart from an arterial blood pressure of 160/90 mm Hg which was not treated with antihypertensive drugs, and some evidence of mild hypoxaemia of the myocardium, there were no other complicating diseases. He received atropine 0.5 mg, promethazine 25 mg and pethidine 50 mg intramuscularly for premedication. After oxygen inhalation propanidid 500 mg was given intravenously. Two minutes later red spots appeared over the whole skin and simultaneously cardiac action ceased. After a further minute, breathing movements ceased also and deep cyanosis occurred. External cardiac massage and manual ventilation of the lungs with oxygen by mask were immediately started and soon the pulse became palpable. The blood pressure remained unmeasurable. A rapid drip of Hartmann's solution with mephentermine 15 mg was followed by a rise of blood pressure to 80/50 mm Hg. Meanwhile the patient regained consciousness. After a second 500 ml of Hartmann's solution with methoxamine 20 mg and the pulse rate to 120 beats/min. There was complete recovery. Spontaneous defaecation and urination occurred. The patient remained amnestic. Previously two general anaesthetics induced with thiopentone had been uneventful.

The ultrashort anaesthetic effect of propanidid may lead to an irresponsible application chiefly by non-anesthesiologists. It is necessary to bear in mind the possibility of untoward side effects of propanidid especially in patients with lowered cardiovascular reserve and in repeated application of propanidid. As in any other anaesthetic, measures for treating serious side effects must be immediately available.

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REFERENCES


