both postoperative myasthenic crisis and respiratory insufficiency was found. Should not preoperative steroid therefore be used for a limited patient such as fluctuating or refractory myasthenia gravis after administration of acetylcholinesterase inhibitors?

References


The authors of the original paper [1] were invited to reply to this Letter to the Editor but they did not respond.

Letter to the Editor

Is vasopressin really superior to norepinephrine in reversing milrinone-induced vasodilation?

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Keywords: Vasopressin; Norepinephrine; Off-pump coronary bypass; Milrinone

Jeon et al. [1] report that both norepinephrine and vasopressin restored the milrinone-induced decrease in systemic vascular resistance in patients undergoing off-pump coronary artery bypass surgery. Interestingly, only ‘low-dose’ vasopressin decreased the pulmonary vascular resistance/systemic vascular resistance ratio. The conclusion that vasopressin is superior to norepinephrine in restoring arterial blood pressure in patients with pulmonary hypertension and right heart failure [1] may not be entirely correct and should be reconsidered due to three important aspects:

Firstly, the vasopressin doses used in the presented study (up to 0.16 U/min) [1] markedly exceeded the doses (0.01—0.04 U/min) currently recommended for the treatment of patients with septic shock related to relative vasopressin deficiency [2,3].

In addition, the increase in mean arterial pressure (MAP) in the norepinephrine group was stronger than in the vasopressin group (+29% vs +20%). This difference in goal-MAP indicates that the doses of norepinephrine and vasopressin were not equivalent [1].

Finally, previous experimental [4] and clinical trials [5] demonstrated that conventional vasopressors, such as norepinephrine, should not be replaced by vasopressin [3]. In this context it is noteworthy that ‘pharmacological’ vasopressor doses needed to restore MAP to the same extent as norepinephrine were associated with increased gastric-arterial $PCO_2$ gradients [4,5], most likely due to impaired splanchnic mucosal microcirculation.

In summary, it remains unclear if vasopressin is superior to norepinephrine in reversing milrinone-induced hypotension, especially because outcome variables were not determined in the study by Jeon et al. [1].

References


The authors of the original paper [1] were invited to reply to this Letter to the Editor but they did not respond.

Letter to the Editor

The helical heart

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We read with considerable interest the extensive supplement that has recently appeared describing the features