EVLW in several animal models. Such an increase was seen by the TPT method but not by the CT. Had the authors controlled for the effects of lipopolysaccharide on EVLW alone, we may have been better able to determine the sensitivity of the two methods for detecting changes in EVLW with changes in V/Q matching and perfusion after lipopolysaccharide administration. As the authors have so eloquently pointed out, understanding the limitations of any device and having as thorough an understanding as possible of the effects changes in physiology have on its accuracy and interpretation are vital for meaningful clinical application. We cannot agree more, and yet, it is doubtful that this study defines the limitations of TPT determinations of EVLW in acute lung injury when pulmonary perfusion is changed. In fact, another equally valid conclusion would be that the TPT method is at least equivalent if not superior to the CT method in this model.

The accompanying editorial appropriately calls into question our current method of introducing medical devices to the market without rigorous scrutiny of efficacy. But TPT has been compared with both the accepted standard gravimetric and dual dilution techniques in a variety of disease states and has performed well.\(^3\text{--}^5\) Furthermore, EVLW\(_\text{TPT}\) is the best pulmonary-specific indice of disease severity and predictor of outcome available to us.\(^6\text{--}^7\) Very importantly, EVLW\(_\text{TPT}\)-guided management of hemodynamics has been shown to decrease mortality in acute lung injury.\(^8\) We believe that the foundation for clinical use of EVLW\(_\text{TPT}\) has been established by these studies. We would, therefore, like to join with the authors of the current study and the accompanying editorial and now call for large prospective interventional investigations to examine the benefit.

Charles R. Phillips, M.D.,* Azriel Perel, M.D. *Oregon Health and Sciences University, Portland, Oregon. phillipc@ohsu.edu

References

2. Costa EL, Vidal Melo MF: Lung water: What you see (with computed tomography) and what you get (with a bedside device). ANESTHESIOLOGY 2009; 111:933–5
presented will assist practitioners in the thoughtful interpretation of the information this monitor provides.

R. Blaine Easley, M.D.,* Brett A. Simon, M.D., Ph.D.
*Johns Hopkins Medical Institutes, Baltimore, Maryland.
beasley@jhmi.edu

References

( Accepted for publication February 26, 2010.)

The Dose of Epinephrine to Treat Anaphylaxis

To the Editor:
The article reviewing anaphylaxis and anesthesia1 is a useful timely reminder of a serious problem that may arise with any of us during anesthesia. I agree that the basic treatment should focus on intravenous (IV) epinephrine and expansion of intravascular volume. However, there is one aspect of this treatment that is misleading. The early administration of epinephrine is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasized and the dose adjusted to the hemodynamic response, but for severe reactions a single IV epinephrine bolus is emphasize...