Moreover, return of spontaneous circulation was actually faster may reflect the shorter half-life of medium-chain triglycerides. And as the authors note, this difference there was no significant difference in return of spontaneous cacy, and both had been used with apparent success clinically to treat local anesthetic systemic toxicity. And regardless of formulation, the recent in vivo study by Li et al.5 as well as clinical experience, emphasize the importance of an adequate continuous lipid infusion following successful response to bolus administration.

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What Is the Incidence of Inadvertent Dural Puncture during Epidural Anesthesia in Obstetrics?

To the Editor:

We appreciate the editorial views of Drs. Flood and Li in their article, “A Terrible Headache in Obstetric Anesthesia,”

This letter was sent to the author of the referenced Editorial View, who felt that a reply was not necessary.—James C. Eisenach, M.D., Editor-in-Chief.
as they emphasized the need for careful evaluation of any headache after epidural anesthesia to rule out rare but possible subarachnoid hemorrhage. The authors make the statement that "the incidence of postdural puncture headache is approximately 1%, regardless of whether a spinal or epidural technique was performed." We believe the current incidence of inadvertent dural puncture after epidural anesthesia in labor and delivery is much less than the 1% they quote. Katircioglu et al. reported an incidence of 0.13% in their large obstetric anesthesia practice. Gleeson reported an incidence of 0.19% from multiple centers that performed more than 1,000 epidurals annually. We also found and still maintain an incidence of approximately 0.16% in our own large obstetric anesthesia practice. We therefore do not agree that the 1% incidence of inadvertent dural puncture quoted in this editorial accurately represents the results of current large obstetric anesthesia practices. Instead, we believe an occurrence rate of less than 0.2% would be more representative of today's anesthesia practice.

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