CORRESPONDENCE

block, certifies whether the needle’s bevel is in the wall of a major blood vessel, passes through a kidney, or lies inside the pleura or in the epidural or subarachnoid space.3,4

If the readers of this letter know of the occurrence of a catastrophic sequela from NCPB using CT, it would be helpful in evaluating whether any roentgenographic technique could eliminate a catastrophe from NCPB.

Daniel C. Moore, M.D.
Department of Anesthesiology (Emeritus)
Virginia Mason Medical Center
Seattle, Washington 98111-0900

References


(Accepted for publication March 6, 1996.)

Although use of CT might eliminate the morbidity from celiac neurolysis, the extremely low incidence of paraplegia from celiac block and vascular injury from transaoctic lumbar angiography (referenced in our case report5) would require many thousands of patients to be studied to compare different techniques. I would expect that paraplegia specifically would not be lessened using CT, because any major arterial source to the spinal cord arising from the aorta and in the vicinity of the injected agent could be affected and lead to cord ischemia.5

I concur with Moore’s request for readers of his letter to report adverse occurrences and emphasize that all adverse events associated with celiac neurolysis, not just those involving CT guidance, should be reported. However, the only truly accurate determination of complication rates associated with celiac plexus blocks would be through a mandatory central registry of all procedures.

Ronald Kaplan, M.D.
Associate Professor of Anesthesiology
Albert Einstein College of Medicine
Attending Anesthesiologist
Montefiore Medical Center
Bronx, New York 10467

References


(Accepted for publication March 6, 1996.)