CORRESPONDENCE

the understanding that the risk-benefit ratio of continuous caudal infusions and the proposed added protection of the caudal barrier flap merit further investigation.

Brenda C. McClain, M.D.  
Assistant Professor of Anesthesiology and Pediatrics

Shirlee A. Redd, M.D.  
Assistant Professor of Anesthesiology

Department of Anesthesiology  
The Medical College of Georgia  
1520 15th Street  
Augusta, Georgia 30912-2700

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Succinylcholine and Duchenne Muscular Dystrophy

To the Editor.—A letter to the editor describes intractable cardiac arrest following succinylcholine in patients with Duchenne muscular
   dystrophy (DMD). I know of two other cases of cardiac arrest following succinylcholine; one of the patients survived. The patient
   who survived was found to have DMD. Unfortunately, in the patient who did not survive, the pathologist did not follow the suggestion
   of the anesthesiologist to do a muscle biopsy for DMD.

The letter suggests glucose and insulin for the immediate treatment of hyperkalemia. However, I think that, in a patient in whom cardiac
   arrest occurred, the ischemia plus glucose might result in more damage to the central nervous system. Therefore, I suggest that, in a
   patient with unstable circulation who is severely hypotensive, the initial pharmacologic treatment should be epinephrine, because it
   is well known that epinephrine is first-line treatment for hyperkalemia and has beneficial effects on circulation. Calcium and bicarbonate
   also are indicated for the immediate therapy of hyperkalemia. After the circulation has stabilized, the administration of glucose and insuln
   should be considered.

It has been my practice to give a nondepolarizing muscle relaxant before succinylcholine in all children aged 1 yr and older. It is known
   that pretreatment in children prevents an increase in creatine phosphokinase and fasciculations and reduces myalgia. Though potassium
   levels were not measured in this study of normal infants and children, such measurements may reduce hyperkalemia, which follows in
   patients with unsuspected DMD.

Frederic A. Berry, M.D.  
Professor of Anesthesiology and Pediatrics  
Department of Anesthesiology  
University of Virginia Health Sciences Center, Box 238  
Charlottesville, Virginia 22908

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