On the Use of Priming to Test for Anaphylactoid Reactions to Nondepolarizing Muscle Relaxants

To the Editor:—In their recent report of a histaminoid reaction to 17 µg/kg of vecuronium,1 Durrani and O'Hara advocate the routine administration of priming doses of nondepolarizing relaxants to awake patients as a test for anaphylactoid reactions to these drugs.

The dose of vecuronium administered by the authors (1 mg) was probably chosen because this drug is often reconstituted as 5 cc of a 2-mg/cc solution, and, thus, 0.5 cc is easily administered from a 5-cc syringe.

Engbaek et al.2 concluded that 10 µg/kg represents the maximum dose of vecuronium allowable for awake patients. Higher doses often caused subjective feelings of inability to breathe (such as those noted in the case reported by Durrani and O'Hara) and may put patients at risk for aspiration pneumonia.3

Priming doses should be carefully administered on a mg/kg basis, rather than what can be quickly delivered from standard solutions. Furthermore, even allowable priming doses are at or may exceed the margin of safety4 of the neuromuscular junction, and some patients may display unexpected sensitivities.2

I, therefore, question the logic of the routine use of priming doses, even if carefully administered, to detect rare histaminoid reactions, since the neuromuscular effects of these drugs are often not benign.

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REFERENCES

(Accepted for publication September 18, 1987.)