We routinely use a FOB for introduction of the small tube into the right or left main bronchus, although the blind insertion of the small tube into either bronchus is reported to be possible. In this case, without the use of an FOB, the foreign body might have produced postoperative pulmonary disease of unknown origin, because the cap is very small and may not be detected in a roentgenogram.

The present case emphasized that a FOB is an important adjunct for detecting trouble associated with one lung ventilation.

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Diazepam and the Hypercarbic Response to Carbon Dioxide

To the Editor:—A recent paper1 and subsequent correspondence2,3 has considered the extent to which diazepam may depress the ventilatory response to carbon dioxide.

The negative findings of Bailey et al.4 have been criticized on the grounds that the dose of diazepam (0.1 mg/kg) was insufficient to demonstrate respiratory depression in fit, young volunteers.5 In attempting to defend this, Bailey et al.6 argue that similar negative effects also occur at higher doses,4 but they ignored the unequal bioavailability of different injectable preparations of the drug. Power et al.4 used an emulsion of diazepam in soya-bean oil (Diazemuls) in a dose of 0.15 mg/kg, but there is no information on the nature of the preparations used in other studies.1,5

It is known that, in the emulsion form, the bioavailability of diazepam is reduced by up to 30% compared with the propylene glycol preparation (Valium®),6 and it is, therefore, questionable whether the work of Power et al.4 lends support to the view that higher doses failed to depress the hypercarbic ventilatory response.

There are now four injectable preparations of diazepam available around the world, and it has been shown that they all have different bioavailabilities.6,7 Consequently, comparison of the pharmacodynamic effects of intravenous diazepam is meaningless without specific information on the nature of the preparations used.

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In Reply.—We would like to thank Dr. Fee for bringing to our attention that the bioavailability of different preparations of diazepam may vary. Although, to our knowledge, only one injectable form of diazepam (Valium®, Hoffman-LaRoche) is available in the United States, several other preparations exist worldwide. If the data from Fee et al.1 are correct, then the dose of 0.15 mg/kg that Power et al.4 used is equivalent to 0.105 mg/kg of the

REFERENCE


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REFERENCES


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