Correspondence

Hypotension Following Intraocular Acetylcholine

To the Editor:—Miochol (acetylcholine) is frequently used after lens extraction to promote miosis.1-5 To our knowledge, no adverse reactions to this agent have been reported. The following is a report of a case in which a systemic response was observed following the instillation of this medication into the anterior chamber of the eye.

A 72-year-old Negro man underwent intracapsular cryoextraction of a cataract under uneventful retrobulbar block anesthesia with an anesthesiologist standing by and monitoring vital signs. An hour prior to operation, the patient received intramuscular injections of Innovar, 2 ml, and diazepam, 5 mg, as premedication. At the end of the procedure there was a sudden drop in blood pressure from 170/100 to 100/60 torr and a concurrent decrease in pulse rate from 80 to 60/min. On questioning the ophthalmologist, it was determined that no traction had been applied to the eye, but Miochol had been instilled in the anterior chamber. Immediately upon learning of this, we injected 0.4 mg of atropine sulfate iv, and the blood pressure and pulse rate rose rapidly. The patient, when questioned, stated he felt no adverse effects during this incident.

In reviewing the literature, we were unable to find any other report of this reaction. It is possible that such occurrences are more frequent than we realize, but remain undetected because so many of these procedures are performed using local anesthesia with no monitoring of the patient’s vital signs.

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REFERENCES


Early Thiopental Recovery: Redistribution, Not Metabolism

To the Editor:—Dundee’s useful and extensively documented (117 references) “Comparative Analysis of Intravenous Anesthetics” (Anesthesiology 35:137, 1971) erroneously credits us with showing “that the liver, by removing as much as 50 per cent of the thiopental from the hepatic blood flow, shortened the duration of action.”

Our report (Nature 206:1117, 1965) divided the results from hepatic-vein-catheterization studies in patients with hepatic disease into two groups. In Group I (five subjects), hepatic extraction accounted for less than 10 per cent of the thiopental presented to the liver, while in Group II (six subjects), the liver was able to remove 10 to 50 per cent of the thiopental delivered to it. The data were recorded in table 1 of that paper, without comment about comparative sleep times in the two groups. As noted subsequently, however (Anesthesiology 27:113, 1966), durations of sleep in these two small groups of subjects with cirrhosis were identical (2 to 19 minutes in the severely impaired group, 4 to 15 minutes in the other), despite our inability to demonstrate significant metabolism in the first