

(2) Portex tubes apparently lose some of their resilience after repeated autoclaving. Some other means of sterilization (perhaps boiling) must be employed when

their use for blind intubation is contemplated.

E. GEORGE BEER, M.D.,
Lowell, Mass.

A CASE OF SEVERE DERMATITIS VENENATA DUE TO METYCAINE

So far as we have been able to determine, there have been no reports of local allergy to metycaine. Since a patient suffered a severe dermatitis on the University of California Service, San Francisco City and County Hospital from this agent, the following case report may be of value to those who use metycaine.

On March 7, 1948, a 34-year-old pregnant, white, married housewife, gravida V, para IV, whose expected date of confinement was April 1, 1948, entered the San Francisco City and County Hospital, soon after an episode of profuse painless bleeding. After physical examination, a tentative diagnosis of placenta previa was made. Bleeding continued after entry. The patient was taken to the operating room, where a sterile vaginal examination revealed about 500 to 600 cc. of clotted blood in the vagina, and a firm cervix just admitting a fingertip. The internal os was not vigorously probed. A presumptive diagnosis of placenta previa or premature separation of a low-lying placenta was made. Administration of whole blood had been started shortly after admission, and the patient was in good condition at all times. A low cervical cesarean section with a vertical incision was performed under local anesthesia, using 1.5 per cent metycaine, obtained in a 200 cc. ampule.* A total of 35 cc. was infiltrated into the skin, and an additional 55 cc. was injected beneath the anterior rectus sheath. The procedure was carried out without difficulty and a viable female infant was delivered. The placenta was noted to cover the internal os partially.

The patient's immediate postpartum course was essentially uneventful. The maximum rise in temperature during the first week of puerperium was 100°, on the second postpartum day. On the seventh postoperative day, the dressing was taken off to remove the skin sutures. At that time, an area neighboring the incision for 7 to 8 cm. in all directions was covered

with a weeping vesicular (often bullous) dermatitis. The incision itself showed only very minor superficial separation. The patient was treated with benadryl, 50 mg. four times daily, and phenobarbital to allay the intense itching which developed at this point. A dermatologist called in consultation described the condition as "erythema, edema and vesicular formation over the abdomen with superficial separation of the midline incision," and his impression was that the patient suffered from a dermatitis venenata due to metycaine. In addition to antihistaminic drugs, compresses of cool Burow's solution were prescribed. A patch test was applied using 1.5 per cent metycaine from a 200 cc. ampule. In twenty-four hours, the response was unmistakable. There was a red, raised, bullous lesion which itched considerably. This reaction resembled the dermatitis which had developed at the site of incision. A patch test with merthiolate, which was also used in surgery, was negative. Before this operation, the patient had had no previous local anesthetic agent so far as she knew. She was most uncomfortable until about the fifteenth postoperative day. By the eighteenth day, the skin of the abdomen had dried and crusted completely, the pruritus had decreased considerably, and it was thought that she might be discharged.

Six week follow-up examination showed that the area had cleared completely and the patient was well.

This case of allergy to metycaine is reported because of its general interest and apparent rarity. It may be of value to those who use this anesthetic agent in the spinal or caudal canals, or in the skin, to rule out sensitivity by skin tests before injection of considerable doses.

J. A. KERNER, M.D.,
AND M. L. KAMM, M.D.,
Dept. of Obstetrics and Gynecology,
University of California,
San Francisco, Calif.

* Number 400, Eli Lilly Company.