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A Case of Unilateral Analgesia Following Epidural and Subarachnoid Block Revisited

To the Editor:—Bozeman and Chandra¹ reported a case of unilateral analgesia following epidural and subarachnoid block in a patient undergoing cesarean section. Commenting on this case, Hodgkinson and Husain² cast some doubt as to whether the spinal tetracaine had indeed been deposited in the subarachnoid space and concluded that the most likely cause of the unilateral analgesia was limited spread of the epidural bupivacaine.

The patient reported by Bozeman and Chandra now 29 years old, gravida 2, para 1, returned to this same institution for repeat C-section. The patient was seen by me several days before her surgery and after full discussion of her previous anesthesia, she still opted for regional anesthesia before having a general anesthetic.

Following the usual preparation, a 17-gauge Touhy needle was placed in the L3–L4 interspace without difficulty. A test dose of 2 ml 0.75 per cent bupivacaine was given and followed by 18 ml 0.75 per cent bupivacaine through the needle. A Portex catheter was inserted and positioned to lie 3 cm within the epidural space. The patient was then positioned supine with a wedge under the right hip.

After 10 min the block was tested by pin prick and found to extend to T9 on the left side and T10 on the right. After 20 min the block had extended to T4 bilaterally and surgery commenced 10 min later. The patient required no systemic medications and subsequently was

administered 10 ml 0.25 per cent bupivacaine with 1:200,000 epinephrine for postoperative pain relief.

Unilateral analgesia can occur following epidural injection through the needle or when a catheter is used.³ It is, however, a rare occurrence following subarachnoid injection. This case tends to support the contention of Hodgkinson and Husain² that in the first anesthetic the spinal tetracaine was inadvertently misplaced. It also emphasizes the fact that a patient desiring regional anesthesia should not be denied this on the basis of a previously failed regional block, providing there are no other contraindications, or proven anatomical abnormalities.

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Rare Types of Cholinesterase in Two Parturients

To The Editor:—During the last three years, we administered anesthesia to two parturients with abnormal cholinesterase. One of them had an extremely rare type of cholinesterase, heterozygous atypical-silent ($E_1^a E_1^s$), and the other had a homozygous silent type ($E_1^s E_1^s$). Although both experienced prolonged apnea after succinylcholine for cesarean section, their offsprings did not because they were heterozygous (figs. 1 and 2). For their

subsequent elective repeat cesarean sections, epidural block using bupivacaine was utilized for the first patient, and a subarachnoid block using lidocaine for the second. Our recommendation is that the genotype of the whole family should be determined as early as possible following the discovery of abnormal cholinesterase in order to detect susceptible members and possibly predict the reaction to succinylcholine of future offsprings. The um-