

Anesthesiology
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Intra-Arterial Thiopental

To the Editor:—A solution of 2.5% thiopental recently was injected into a radial artery line. The total dosage of the drug that the patient received was 150–175 mg. There were no sequelae.

Gangrene of the hand, secondary to an intra-arterial injection of thiopental, is a well-known complication. This usually has occurred with a concentration of 5% or more.¹ In *Introduction to Anesthesia: The Principles of Safe Practice*, it is stated: “. . . to our knowledge, gangrene has not been reported following the use of 2.5 per cent thiopental.”²

Communication with several anesthesiologists at other hospitals resulted in differing opinions. Most supported the view that there would be no sequelae. Two of these contacted stated that they had heard of gangrene occurring following an intra-arterial injection of 2.5% thiopental.

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I have been unable to find, in the literature, a documented case of gangrene resulting after an intra arterial injection of 2.5% thiopental. The persisting question is: Does 2.5% thiopental cause gangrene?

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Safe Anesthetic Gas Pollution Control

To the Editor:—A cross connection of the scavenging circuit into the patient circuit has led repeatedly to near fatalities, both in reported cases and those unreported.^{1–3} In such instances, the patient circuit is blocked. This problem was addressed specifically by American National Standard Z-79.11 which requires that the size of the scavenging port be incompatible with both the 15-mm and 22-mm anesthesia circuit end fittings or cuffs (respectively pediatric and adult circuits).*

Prudence suggests that all equipment not in compli-

ance with the strictest ANS Z-79.11 recommendations, be replaced.

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* American National Standard Institute Z-79.11. *Anesthesia Gas Pollution Control*, New York, American National Standard Institute, 1982.

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Rapid Sequence Induction in Patients with a Full Stomach

To the Editor:—Rapid sequence induction of anesthesia using thiopental–succinylcholine is commonly performed in patients with a full stomach. Muravchick,

Burkett, and Gold¹ have shown in humans that succinylcholine-induced abdominal fasciculations can be associated with a significant increase in the intragastric