

perimental attempt was made to measure  $k_{organ}$ , the underlying process cannot be evaluated in their model. The estimate that the unknown elimination process accounts for 60% of the total plasma clearance of atracurium *in vivo*<sup>1</sup> remains valid, since it can be derived independently of the model (as demonstrated in 4)). However, this information has been available from earlier reports. We have indicated previously<sup>2</sup> that the faster degradation of atracurium *in vivo* than *in vitro* points to an additional inactivation process *in vivo*. From the data of Ward *et al.*<sup>3</sup> ( $t_{1/2}$  *in vivo* = approx. 20 min;  $k_{in vivo}$  = approx. 0.0347  $\text{min}^{-1}$ ) and of Merrett *et al.*<sup>4</sup> ( $t_{1/2}$  *in vitro* = approx. 45 min;  $k_{in vitro}$  = approx. 0.0154  $\text{min}^{-1}$ ), it can be estimated that the unknown mechanism accounts for 56% of the *in vivo* rate constant. Thus, the results of Fisher *et al.*<sup>1</sup> support the old data, but do not offer any new insights. Specifically, the pharmacokinetic model, though plausible, needs appropriate experimental verification.

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*In reply:*—Dr. Nigrovic agrees with our finding<sup>1</sup> that approximately 60% (63%, according to his calculations) of atracurium's elimination cannot be explained by degradation occurring *in vitro*. In addition, he contends that our results "support the old data but do not offer any new insights." In contrast, I believe that the "old data" bears little relevance to our study. For example, the study by Nigrovic *et al.*<sup>2</sup> demonstrated that inactivating enzymatic (*i.e.*, ester) hydrolysis markedly prolonged the duration of action of atracurium-induced neuromuscular blockade. However, these authors did not determine the relative contribution of Hofmann elimination and organ-based elimination to the rate of recovery. In addition, the study was conducted in rats, and Nigrovic *et al.* noted that "the rat is generally not considered to be the most suitable animal for the study of muscle relaxants."

I agree with Dr. Nigrovic that Ward *et al.*<sup>3</sup> reported an *in vivo* elimination half-life of approximately 20 min. However, I question the applicability of the data obtained by Merrett *et al.*<sup>4</sup> Although the latter investigators determined a "half-life" *in vitro*, they evaluated the neuromuscular effects of atracurium which had been incubated in plasma or buffer for varying periods of time (using a bioassay), rather than the rate of decline of plasma concentration of atracurium (using a biochemical assay, as in our study). I accept the findings of Merrett *et al.* regarding the comparisons of patients with normal or absent pseudocholinesterase activity. However, I question the advisability of comparing the data obtained by Merrett *et al.* to the data obtained in studies using biochemical assays.

Finally, Nigrovic advocates a single-compartment pharmacokinetic model for atracurium, claiming that our figure 4 suggests a monoexponential decline of atracurium

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plasma concentrations *in vivo*. However, because the data in figure 4 were obtained during and after an infusion, the ability to demonstrate a distribution phase is minimized. Fahey *et al.*,<sup>5</sup> in figure 3 of their paper, demonstrated that following administration by bolus, a two-compartment model is necessary to describe the pharmacokinetics of atracurium.

In summary, I believe that our study is the first demonstration in humans that Hofmann elimination and ester hydrolysis are not the sole major elimination pathways for atracurium.

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