

CORRESPONDENCE

Anesthesiology
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Intraocular Pressure Changes during Muscular Hyperactivity after General Anesthesia

To the Editor:—The study by Mahajan *et al*, "Intraocular Pressure Changes during Muscular Hyperactivity after General Anesthesia," explored an important and fascinating concept not only from an anesthetic point of view, but also from an ophthalmic point of view. It is, indeed, unfortunate that the results obtained here indicate that there is a great increase in intraocular pressure if the patient enters a shivering state after anesthesia.

One is left, however, wondering about possible measurement bias that could have occurred when categorizing the patients into three subgroups. The groups, no muscular activity, spasticity, and shivering, are defined in the paper *per se*; this would eliminate a large percentage of intraobserver error, but what about interob-

server error? Muscular spasticity to one may not be muscular spasticity to another—or was there only one observer? In other words, the paper does not clearly define who and how the patients were observed. It would be interesting to see this issue further addressed.

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In Reply:—We appreciate very much the comments offered by Mr. Williams. For the purpose of our study, spasticity and shivering were well defined and, to avoid interobserver error, all the patients were clinically assessed by the same author (RM), who was not aware of the alterations in intraocular pressure. In the postoperative period, the patients were observed for 30 min for muscular hyperactivity. Spasticity was assessed by jaw tone, and also by the resistance offered to passively moving each forearm through 90° range of motion. Ankle clonus could be elicited during the period of spas-

ticity. Intraocular pressure, on the other hand, was measured by an ophthalmologist, who was not aware of the details of this study.

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Succinylcholine-induced Hyperkalemia in Near-drowning

To the Editor:—In his recent Letter to the Editor,¹ Dr. Tong reports hyperkalemia 2 weeks following near-drowning in a patient with post-injury hypoxic-ischemic encephalopathy after receiving succinylcholine for a feeding gastrostomy.

Is it proper to implicate a near-drowning-succinylcholine relationship, or might one, rather, impute the common relationship between lesions of the central nervous system and depolarizing relaxants?

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REFERENCE

1. Tong TK: Succinylcholine-induced hyperkalemia in near-drowning. *ANESTHESIOLOGY* 66:720, 1987

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