Regional Anesthesia in Children with Epidermolysis Bullosa Dystrophica

To the Editor.—In the recent case report1 concerning management of epidermolysis bullosa dystrophica (EBD) with regional anesthesia, the authors state, “Although regional anesthesia has been suggested, its use has not been described for EBD, either as a supplement to or as the main anesthetic.” In fact, regional anesthesia in the EBD patient has been previously described in a case report of axillary block anesthesia,8 done in much the same way as the authors suggest. Epidural and spinal techniques have also been described in previous publications.23 At our institution, recently designated as a EBD center, we have reported a series of eight pediatric patients in which regional technique was used without any complications.4 We recommend that a regional technique be viewed as a safe alternative to general anesthesia in this patient population.

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REFERENCES

(Received for publication October 2, 1987.)

In Reply: We wish to thank Dr. Kelly for pointing out the article by Rowson and Rosenblum published in the journal of Regional Anesthesia. The case management reported in that article is indeed very similar to the management utilized in our patient. Unfortunately, the journal of Regional Anesthesia is not cited in the Index Medicus, and was, therefore, inadvertently overlooked in our literature search. The article by Broster et al.4 was published after our article was accepted by Anesthesiology, and we were not aware of this report.

Dr. Kelly’s own article obviously not available to us, as it is listed as “in press.” We are aware of Kelly’s group and its efforts on behalf of EBD patients. At the request of one of his authors (KOR), we were happy to share our anesthetic management routine for EBD patients with them several years ago.

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Lidocaine and Cerebral Metabolism

To the Editor.—Allow me to comment on the article entitled “The Detrimental Effect of Lidocaine on Cerebral Metabolism Measured in Dogs Anesthetized with Isoflurane.”1

It seems to me that the term “detrimental effect” may be somewhat unfair to the good drug lidocaine, and the results may well be questioned. First, the absolute values for CBF and CMRO2 in the EEG burst-sup-