

free epidural morphine sulfate. An epidural infusion of a solution containing 0.125% bupivacaine HCl and 0.002% morphine sulfate was begun at a rate of 10 ml/h.

The next morning, he complained to his nurse of "blurred vision." At this point, he had received a total epidural morphine dose of 5.2 mg. He was free of pain and had full motor function of his lower extremities. Upon further questioning, the patient stated he had "double vision." Examination revealed a vertical nystagmus in both eyes, with the fast component in the downward direction. Because the visual disturbance was troubling the patient, naloxone 100 µg was given intravenously. This diminished but did not completely resolve his symptoms. Ten minutes later an additional 100 µg naloxone was administered intravenously. This resulted in a complete and permanent relief of the nystagmus and his symptoms. The epidural bupivacaine/morphine infusion was continued until the next morning, when the patient was discharged to the ward. His symptoms did not return, nor did he complain of pain while in the recovery room. The only other medication he had received in the recovery room was cefazolin.

Previous to this astute observation by Fish and Rosen,¹ nystagmus had not been identified as a possible side effect of epidural opioids.

Anesthesiology
74:391, 1991

Routine Testing for Latex Allergy in Patients with Spina Bifida Is Not Recommended

To the Editor:—Moneret-Vautrin *et al.*,¹ in their discussion of three cases of intraoperative anaphylaxis in children with spina bifida, state that "prick tests and RASTs are reliable for detecting latex allergy." They conclude that such tests should be performed preoperatively on all patients with spina bifida.

Unfortunately, there are no studies to support this statement. We do not yet know the prevalence of clinical rubber allergy in patients with spina bifida; recent surveys² suggest that it is between 18 and 28%. Turjanmaa *et al.*³ have found that the commercially available latex RAST is only 53% sensitive, and no sensitivity or specificity data are available for percutaneous latex testing. We therefore have no data whatever on the predictive value of these tests.

Until prospective studies identify the risk factors and predictors of intraoperative anaphylaxis, physicians must continue to rely on tools that are of demonstrated efficacy. We must obtain accurate histories from our patients, and carefully inquire of patients with spina bifida and their parents whether there have been any unusual, idiopathic, or perioperative allergic reactions in the past. Patients with such a history should be offered preoperative prophylaxis against immediate hypersensitivity reactions and should be spared, whenever possible, unnecessary cutaneous and parenteral exposure to natural rubber products.

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Anesthesiology
74:391-392, 1991

In Reply:—Slater and Mostello rightly question the specificity and the sensitivity of these prick-tests because until now no data have been available. We have studied 907 physicians, surgeons, nurses, and hospital employees using both a questionnaire and prick test to a latex

Hopefully, these reports will stimulate other physicians to be alert for similar problems in patients treated with epidural opioids.

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(Accepted for publication November 14, 1990.)

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(Accepted for publication November 14, 1990.)

emulsion.¹ In 18 cases, allergy to latex was suspected on the basis of clinical symptoms. Prick tests in all 18 were positive (sensitivity 100%). In 889 subjects with a negative clinical history, 883 prick tests were negative (specificity approximately 99%). In 3 of the 6 subjects with a