Although the centers of these circles show some hyperpigmentation, it is the area corresponding to the outer adhesive portion of the pads that is most affected (fig. 1).

Given that we routinely use five-lead electrocardiogram monitoring in our operating room and that two leads are usually removed for recovery room monitoring in healthy patients, I hypothesize that the duration of exposure to the electrocardiogram pads might have played a role in this skin reaction. Only three areas of hyperpigmentation were noted, and they corresponded to the electrocardiogram leads used in the postanesthesia recovery room.

The normal skin barrier can be greatly reduced by damaging the horny layer by adhesive tape stripping, and this could have been a contributing factor in the absorption of a triggering agent. On the other hand, allergic reactions that trigger skin hyperpigmentation have a more gradual onset. Skin hyperpigmentation has been reported in patients receiving thiotepa (a chemotherapeutic agent) underneath skin occluded by electrocardiogram pads in circumstances unrelated to anesthesia and surgery.

Our patient was seen by a dermatologist at our institution. He believed that her skin type made her prone to postinflammatory hyperpigmentation because there were other hyperpigmented areas corresponding to sites of previous minor skin injuries. Although she was prescribed a topical treatment consisting of a combination of tretinoin, hydrocortisone, and hydroquinone, she never followed the recommendations, and the lesions have not faded.

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REFERENCES


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Accelerography in Neuromuscular Monitoring

To the Editor—I read with interest the article “Accelographic Train-of-four at Near-threshold Currents.” The article cited Jensen et al. (ref. 3), who presented Accelograph® as a registered trademark for a new accelerometric neuromuscular transmission monitor. The correct common noun of the machine, however, should be “accelograph.” “Acceleration” comes from ad + celerare, both Latin. Celer means swift; celerare means to hasten. Seismologists also use accelerographs.

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Torsion of a Double-lumen Tube in the Left Bronchus

To the Editor—Incorrect positioning of a double-lumen tube (DLT) occasionally occurs and may be undetected when the position of the DLT is checked only by clinical signs. Therefore, fiberoptic bronchoscopy is recommended to confirm the proper position of the DLT.

I report a case of improper placement of the DLT that occurred despite a routine examination of the tube’s position with a fiberoptic bronchoscope.

A 48-yr-old woman, height 160 cm, weight 56 kg, was scheduled...
Postherpetic Neuralgia: A Possible Application for Topical Clonidine

To the Editor—Recently, Davis et al. reported that a clonidine patch applied to the skin decreased hyperalgesia of four patients with reflex sympathetic dystrophy.1 In those patients, the effect of clonidine was limited to the borders of the patch, and the authors questioned the potential therapeutic benefits of the clonidine patch, given the limited area covered. In our experience, the effects of transdermal clonidine spread beyond the borders of the patch.2 We treated a patient in whom topical application of clonidine relieved the symptoms of postherpetic neuralgia without producing side effects.

A 75-yr-old man complained of burning, stinging pain with superimposed episodes of shooting, lancinating pain, and jabs along the distribution of T6–T9 on his left side, for approximately 3 months. A trial of carbamazepine and amitriptyline produced daytime sedation but no pain relief. On examination, the patient presented with findings of postherpetic neuralgia with healed vesicles in the distribution of T6–T9. In addition, he exhibited limited range of motion of his left arm, allodynia, and hyperpathia.

Our initial treatment consisted of two intercostal blocks and two epidural steroid injections with local anesthetic, which provided only temporary pain relief. Because the pain persisted, we applied a clonidine patch 0.1 mg (Catapres-TTS-1) in the center of his hyperalgesic area. There was a substantial reduction in hyperalgesia to mechanical stim-