Bradley J. Hindman, M.D.
Department of Anesthesia
University of Iowa College of Medicine
Iowa City, Iowa 52242
William L. Young, M.D.
Department of Anesthesiology
College of Physicians and Surgeons
Columbia University
New York, New York 10032
David S. Warner, M.D.
Department of Anesthesiology
Duke University Medical Center
Box 3094
Durham, North Carolina 27710
Warne002@mc.duke.edu

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The Risks of Central Neuraxial Anesthesia

To the Editor: — Ho *et al.*[1] report on the successful use of combined spinal and epidural anesthesia for the management of labor and delivery in a patient with idiopathic hypertrophic subaortic stenosis (IHSS).

Idiopathic hypertrophic subaortic stenosis, or hypertrophic obstructive cardiomyopathy (HOCM) as it also is known, is a cardiomyopathy characterized by asymmetric septal hypertrophy, and dynamic left ventricular outflow tract (LVOT) obstruction, which worsens with hypovolemia, increased left ventricular contractility, and vascular dilation.[2] The diagnosis is confirmed with two-dimensional echocardiography, and the LVOT gradient is quantified by Doppler echocardiography. Provocative testing with inhaled amyl nitrate is used to accentuate the gradient.

In the current case, the diagnosis of IHSS was made several years before pregnancy, but we are given no details regarding its severity; specifically, no mention is made of a "provoked" gradient at diagnosis. Without this information, the reader has no way of knowing what the severity of the condition was and therefore no way of knowing the risks of sympathetic blockade with neuraxial anesthesia. For the patient with the potential for severe LVOT obstruction, the risks of central neuraxial anesthesia are profound and should never be underestimated.

Donald Oxorn, M.D., C.M., F.R.C.P.C.
Department of Anaesthesia and the Division of Cardiology
Sunnybrook Health Science Centre and the University of Toronto
2075 Bayview Avenue
Toronto, Ontario M4N 3M5
Canada
donald.oxorn@utoronto.ca

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In Reply: — We thank Dr. Oxorn for his interest in our report. During pregnancy, our patient's mild limitation of exercise tolerance remained essentially unchanged, and echocardiography showed a left ventricular outflow tract gradient of 15 mmHg. Although the response to amyl *nitrite* may provide some measure of severity, its use is not universal, it is not commonly used in our institution, and there are few data to support its safe use in pregnancy. We concur with Dr. Oxorn that hypovolemia, in-