

CORRESPONDENCE

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In Reply:—The publication of several letters to the editor concerning management of the bearded airway occurred concurrent to the formulation of our correspondence¹ and were regretfully excluded from the discussion and references. This flurry of furry correspondence in the journal *Anaesthesia* highlights the ubiquity of the problem, and also the range of solutions, depending on the resources that are available.²⁻⁷

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Aseptic Meningitis after Spinal Anesthesia in an Infant

To the Editor:—We read with interest the report by Easley *et al.*¹ of aseptic meningitis after spinal anesthesia in an infant. Although the report is a poignant reminder that this complication is a risk when performing spinal anesthesia in any patient, adult or neonate, we have several concerns. First, the differential diagnosis between viral meningitis and aseptic meningitis is, at best, difficult to make. Based on the authors description of the cerebrospinal fluid findings, diagnosis does not rule out viral meningitis.² Second, in the concluding paragraph, the authors state that they suspected aseptic meningitis, but could not prove a causal relation.¹ As illustrated in a recent report of two infants who were diagnosed with meningitis—one after and one immediately before placement of a spinal anesthetic—the onset of meningitis may be coincidentally timed with the induction of the spinal anesthetic.³ In such cases, the causal relation between aseptic meningitis and the spinal anesthetic should be a diagnosis of exclusion. We believe that viral meningitis was not ruled out in the report by Easley *et al.*¹

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