Muscle Relaxants and Electroencephalogram

To the Editor:

I was surprised to read in the report of Ueyama et al.1 the erroneous statement, “A muscle relaxant itself does not have an effect on electroencephalogram.” We described an increase in duration of electroencephalography isoelectric interval during burst suppression after the administration of pancuronium in dogs anesthetized with isoflurane.2 This effect was then reversed by antagonism of neuromuscular blockade with neostigmine. The failure of Ueyama et al.1 to control for neuromuscular blockade in their study of pregnant patients may present a confounding variable.

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References


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In Reply:

Thank you for your interest in our article.1 Schwartz et al.2 reported that pancuronium increased the duration of isoelectricity produced by isoflurane during burst suppression in experiments with canines. When a burst and suppression pattern was observed in a clinical situation, the anesthetic level was considered too deep. Contrary to this, Ge et al.3 reported that vecuronium did not alter the bispectral index during isoflurane anesthesia. Grief et al.4 also showed that mivacurium did not affect the bispectral index value during propofol anesthesia. In these reports, the index (BIS in Ge et al.3 and bispectral index in Grief et al.4) was approximately 40–50, which indicated the usual clinical level of anesthesia. The authors analyzed many electroencephalograms and concluded that vecuronium did not change electroencephalographic waveforms or derivatives during sevoflurane/opioid anesthesia in the usual clinical settings. The authors speculated that the phenomenon that Schwartz AE et al.2 observed was specific for pancuronium or in a deep anesthetic level.

It is well known that contamination of electromyograms may falsely increase electroencephalographic derivatives, and administration of a neuromuscular blocker restores them. In our study, the level of electromyograms was kept adequately low, thereby making the possibility that muscle afferents might alter the level of consciousness unlikely. The authors believe that muscle relaxants would not affect our results.

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Ethics and Human Experimentation

To the Editor:

I thank James Eisenach, MD for asking Edward Domino, MD1 to provide us with a fascinating historic overview of the development of ketamine, a compound for which new uses are being found almost 50 yr after its introduction into US clinical practice. I commend Eisenach for asking Susan Palmer, MD,2 to provide an ethical commentary about the experimentation on prisoners that was used to test the safety of phencyclidine and then ketamine. I agree with Palmer’s conclusion that the results of Domino’s experiments should be retained in the research literature. On the other hand, I respectfully disagree with her statements that respect for patient autonomy was not clearly defined in 1965 and that a clear understanding of a researcher’s obligation to human subjects was achieved only after the development of federal regulations and their publication in the Code of Federal Regulations.

First, the Nuremberg Code, a response to unethical human experimentation on prisoners, clearly described informed consent and “free power of choice” in its first article in 1947.3 Second, the Declaration of Helsinki, as adopted by the World Medical Association in June 1964, clearly described what is needed for informed consent in patients, such as prisoners, who are in a dependent relationship with the investigator.4 Meanwhile, one anesthesiologist, Henry K.