FACULTY OF ANAESTHETISTS, ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Sir,—The New Zealand Committee of the Faculty of Anaesthetists, Royal Australasian College of Surgeons, has had recent difficulties in making recommendations to the Medical Council of New Zealand in respect of some applicants for recognition as Specialist Anaesthetists in this country.

This difficulty arises because these applicants have not completed training in anaesthesia acceptable to the Medical Council of New Zealand or to the Faculty of Anaesthetists, Royal Australasian College of Surgeons.

New Zealand graduates who are, or who intend, doing their training (or any part of it) in Anaesthesia, outside Australia or New Zealand, or non-New Zealand graduates who are contemplating practice as a Specialist in Anaesthesia in New Zealand are strongly advised to contact:

The Hon. Secretary,
New Zealand Regional Committee,
Faculty of Anaesthetists,
Royal Australasian College of Surgeons,
Hospital Box 91,
Wellington Hospital,
Wellington, N.Z.

or

The Administrative Officer,
Faculty of Anaesthetists,
Royal Australasian College of Surgeons,
Spring Street,
Melbourne 3000,
Australia

to ascertain what degrees, diplomas and training are acceptable for specialist recognition in this country. This should be done before accepting an appointment in New Zealand or making a commitment to an overseas training programme.

C. McK. HOLMES
Chairman
New Zealand Regional Committee

ALLERGIC REACTION TO AN AMIDE LOCAL ANAESTHETIC

Sir,—The vast majority of patients who claim to have an allergy to local anaesthetic drugs do not have this malady at all. Instead, they have more likely suffered (usually in the dentist's chair) an episode of fainting or systemic effects following absorption of local anaesthetic drugs or vasoconstrictor solutions. Allergic reactions to local anaesthetic drugs are extremely rare and virtually limited to ester-linked local anaesthetic agents (procaine, tetracaine) (de Jong, 1978). Very rarely, if ever, has an amide type local anaesthetic drug been implicated in an allergic response. Contrary to this dictum, Brown, Beamish and Wildsmith (1981) reported a patient who they suggested had a true allergic reaction to the amide local anaesthetic drug, bupivacaine.

In order to agree with Dr Brown and colleagues that they have, for the first time, demonstrated clinically a complement-converting immunological reaction to an amide-type local anaesthetic drug, we must have more information. Primarily, we need reassurance that the drug tested in this patient contained none of the preservative methylparaben. Ester-type local anaesthetic drugs with allergic potential are derivatives of the known allergen para-aminobenzoic acid (PABA). Figure 1 illustrates how closely the structure of procaine, a typical ester-linked local anaesthetic drug, mimics that of PABA. This similarity in structure is thought to explain the allergenicity of the ester-type local anaesthetic drugs. As is also shown in the figure, the structure of methylparaben, the most frequently used commercial preservative for local anaesthetic drugs (both ester and amide types), is very similar to the structure of PABA. It is not surprising, therefore, that many reported allergic reactions to local anaesthetic drugs are actually reactions to the preservative contained in the injected local anaesthetic solution (Latronica, Goldbert and Wightman, 1969; de Jong, 1978). Thus, although Dr Brown and his colleagues may have reported a case of amide-type local anaesthetic drug hypersensitivity, until I am assured that the tested solution was paraben-free, I remain unconvinced.

CHARLES H. MCLESKEY
Winston-Salem, North Carolina

REFERENCES


Sir,—The first paragraph of Dr McLeskey's letter reiterates the point which we made in our paper—the majority of reactions are the result of fainting or overdosage.