drugs may be found. This case shows that an anaphylactoid reaction can occur with vecuronium despite its low potential for histamine release.

B. C. TREUREN
D. H. F. BUCKLEY
Wellington N.Z.

REFERENCES

PERCUTANEOUS ANTERIOR APPROACH TO THE COELIAC PlexUS USING ULTRASOUND

Sir,—Dr Montero-Matamala and colleagues [1] state that the anterior approach to the coeliac plexus is useful in patients who are terminally ill or heavily sedated and who have difficulty in tolerating the prone position. For 7 years I have carried out coeliac plexus blocks with the patient in the lateral position, similar to that used for lumbar chemical sympathectomy. With careful positioning of the patient on the table, a bilateral approach can be achieved without having to move the patient between carrying out a right and left block. Intraoperative management of the patient is much easier in the lateral position, which is suitable for both the classical coeliac plexus block and also bilateral greater splanchnic block.

W. G. NOTCUTT
Great Yarmouth

REFERENCE

Sir,—With regard to the comments of Dr Notcutt, I agree that coeliac plexus block may be carried out with the patient in the lateral position; however, I consider that the anterior approach does have certain advantages over the lateral.

The anterior approach is tolerated better by all patients, not only the terminally ill, heavily sedated or those who have difficulty in tolerating the lateral or prone position. The supine position does not require undue collaboration by the patient and, should general anaesthesia be necessary, the supine position makes anaesthetic management easier. The supine position is the preferred one with ultrasound to locate the abdominal aorta and the coeliac trunk, permitting easier performance of coeliac plexus block. This approach is faster than the lateral and posterior, no contrast medium is needed and only one needle is used, thereby reducing morbidity. In contrast to the lateral approach, the anterior approach is suitable only for block of the coeliac plexus and not the greater splanchnic nerves.

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