recommending the routine use of prophylactic magnesium sulphate.

Conflict of interest

None declared.

T. Fregene*
A. Ghori
London, UK
*E-mail: tajinere@hotmail.com

doi:10.1093/bja/aer361

Reply from the authors

Editor—We thank Drs Fragene and Ghori and Drs Mowat and Dickinson for their comments on our study. It was stated that the groups were well matched with specific reference to the patient characteristics. Acknowledgement was made with regard to the number of oesophagectomies in the control group at the start of the discussion which highlights the nature of randomization. Three of the five oesophagectomy subjects received magnesium on the general high-dependency unit. There were 89 and 67 participants in the control and treatment groups, respectively, that were fully protocol compliant, in that they received three study infusions perioperatively. The other seven and 27 participants in the control and treatment groups still received their first infusion, however, did not receive further doses or their third infusion. The Holter analyses were performed by a cardiac physiologist who remained unaware of the complications and group allocations. All 96 participants in the intervention arm received 5 g magnesium intraoperatively. Data from all 192 participants were analysed as the analyses were intention to treat.

The incidence of supraventricular arrhythmia (SVA) with the various types of procedures does vary widely and is based upon the evidence within the published literature. With regard to the abstract, it states the factual observation of reduced incidence of SVA in the treatment arm compared with the placebo arm of the well-matched pneumonectomy sub-group. This is then further explored in the discussion with the conclusion that this may have been a false positive.

It is important research governance to state the difficulties encountered so that future trials’ methodology can be modified in search of answers. Building on this study, we hope to see further work into the role of prophylactic administration of magnesium for the prevention of SVA post-thoracotomy including the high-risk cohort of patients undergoing pneumonectomy.

Conflict of interest

None declared.

T. Saran*
G. D. Perkins
M. A. Javed
V. Annam
L. Leong
F. Gao
R. Stedman
Coventry, UK
*E-mail: taj.saran@uhcw.nhs.uk

doi:10.1093/bja/aer366

Does hyperbaric oxygen have positive effect on neurological recovery in spinal–epidural haematoma?: a case report

Editor—Epidural block is occasionally accompanied by severe complications such as epidural haematoma, which is generally associated with coagulopathy. Hyperbaric oxygen therapy (HBO) has been demonstrated to be effective in treating spinal cord injury. Earlier initiation of HBO results in better salvage from the spinal cord damage. We speculated that HBO may also be beneficial for epidural haematoma and attempted HBO in the present case.

A 73-yr-old man had been suffering from lumbar pain and bilateral sciatica. An L4 laminectomy undergone 4 yr earlier did not relieve his pain. At presentation, radiography and magnetic resonance imaging (MRI) demonstrated vertebral spondylodisc and disc degeneration (Fig. 1, left). We performed an epidural block (single shot) between L2 and L3. His symptoms improved after the block.

One week later, he received another epidural block. Four hours after the block, however, he felt unusual pain in the lumbar region and legs, and also numbness and motor weakness in the legs. MRI demonstrated a haematoma at L3–5 (Fig. 1, centre). Prothrombin time (PT), PT/international normalized ratio, and activated partial thromboplastin time were all within normal limits. As the haematoma appeared to be large enough to cause paralysis soon, we planned an emergency laminectomy and haematoma removal. However, there was a 3 h delay to set up the surgical suite. At this time, we realized that he had been taking aspirin, 150 mg day 

During the delay, we decided to attempt HBO, which we hoped would aid the recovery of nerve function. HBO was thus conducted immediately with pure oxygen at 2 atm for 60 min, and prompt improvement was observed: all signs

Conflict of interest

None declared.