Authors replay

Response to the letter to the editor entitled "Lipid emulsion in acute poisonings: still no convincing demonstration for its use in non-local anesthetic drug poisoning without life-threatening presentation"

Dear Editor,
We appreciate the comments of Drs. Mégarbane and Jacobs on our investigation[1]. We agree with their suggestion that our study demonstrates the absence of lipid emulsion (LE) benefit in multi-drug poisonings with no other impairments than coma. However, we should add two major points to their comments. First, in the field of general toxicology, the reported rate of adverse effects for LE is very low. To the best of our knowledge, adverse effects from LE in this field is isolated to one instance of acute lung injury- the etiology of which was likely to be multifactorial- and one case of hyperamylasaemia[2]. Also, in contrast to our study, it has been shown that when high doses of LE are infused in a short space of time, transient hyperlipidemia for three or more hours result in hemoconcentration, false elevation of methemoglobin concentration, hyponatremia, and changes in arterial blood gases[3]. Second, as we mentioned in our "Discussion", we used a continuous infusion of the intralipid 10% in our patients while according to the recommendations of American Society of Regional Anaesthesia, intralipid 20% should have been administered[4]. We do not know that if we had acted according to these recommendations, the patients' Glasgow coma scale would have increased more or the intubated patients would have been extubated faster. This hypothesis needs further future studies. We believe that the data analysis of all documented cases of LE utilization (both favorable and unfavorable), either retrospective or prospective, will provide insight into the scope of LE use.

References

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4) Weinberg GL. Treatment of local anesthetic systemic toxicity (LAST). Reg Anesth Pain Med 2010; 35: 188-193.

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