case of paraganglioma, which caused a crisis of hypertension and tachycardia during surgery for rectal cancer. The patient was a 49 yr old man with atrial flutter but no history of hypertension. Cardioversion carried out during anesthetic induction converted the atrial flutter to sinus rhythm. Anesthesia was maintained with nitrous oxide 66%, isoflurane 1-3%, and epidural administration of 7 $ml \cdot hr^{-1}$ lidocaine 1%.

When the surgeon started to manipulate the periaortic nodule (7 cm x 6 cm), which had been presumed to be lymphadenopathy of cancer, the blood pressure and heart rate suddenly increased from 135/75 mm Hg and 100 bpm, to 170-200/85-100 mm Hg and 150-160 bpm, respectively (sinus rhythm). Verapamil, 10 mg, nicardipine, 1 mg and deslanoside, 0.4 mg, were given iv; a bolus of 50 mg lidocaine was injected epidurally; and the concentration of isoflurane was increased to 3%. After removal of the nodule, the blood pressure decreased suddenly to 80/45 mm Hg and the heart rate decreased gradually over the following two hours. The nodule was diagnosed histopathologically as a paraganglioma.

Not all patients with paraganglioma are hypertensive preoperatively, but a hypertensive crisis may arise following intraoperative manipulation of the tumour.[1] The differential diagnosis between a paraganglioma and a periaortic lymph node is sometimes difficult using CT features alone.[2] We consider it worthwhile to be aware of the possibility of a catecholamine-producing tumour[3] if cardiovascular symptoms during anesthesia correlate with intraoperative manipulation of the tumour.

Rie Kitamura MD
Yasumasa Ogou MD
Yuko Matsuoka MD
Yukimasa Ogino MD
Akira Tanaka MD
Akimasa Takasu MD
Kumi Nakamura MD
Kyota, Japan

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# *SID: a well-defined abbreviation?*

To the Editor:

We investigate acid-base disorders by using the quantitative physicochemical approach described 15 yr ago.[1] This approach describes the *strong ion difference* (abbreviated as SID) as the net charge balance of all strong ions present in a body compartment. SID has been found as useful as Buffer Base (BB)[2] in the identification/quantification of metabolic acid-base disorders.[3,4,5] We usually search bibliographic databases by using SID as a key word but often found a relevant *noise effect.* To specify this, we have revised the most popular database, *Medline*, during the last five years. We have found up to 32 different SID definitions (Table) in a total of 134 bibliographic references. A great dispersion was found in SID definitions: up to 20 of 32 definitions were mentioned only one time in five years. However, 50% of the bibliographic references found were enclosed in the three most used SID definitions: "*sudden infant death*" (18.7%), "*strong ion difference*" (16.4%) and the pharmacological expression "*single-in-a-day*" (14.9%). *Strong ion difference* as definition of SID was the second in frequency and it was found during all the years analysed (1994-1998). Mainly, anes-

TABLE Description of definitions found for SID abbreviation during the last period of five years in the *Medline* bibliographic database.

| *SID Definition* | *1998* | *1997* | *1996* | *1995* | *1994* | *Total* |
|---|---|---|---|---|---|---|
| Sudden infant death | 7 | 5 | 7 | 3 | 3 | **25** (18.7%) |
| Strong ion difference | 2 | 5 | 4 | 7 | 4 | **22** (16.4%) |
| Single(once)-in-a-day | 3 | 2 | 6 | 7 | 2 | **20** (14.9%) |
| Sin3 interaction domain | 2 | 2 | 7 | 2 | 1 | **14** (10.6%) |
| Surface-induced dissociation | 2 | 2 | 3 | 2 | - | **9** (6.8%) |
| Surface ionization detector(detection) | - | 1 | 2 | 2 | 2 | **7** (5.2%) |
| Size determination (gene product of phage P4) | 1 | - | 2 | 3 | 1 | **7** (5.2%) |
| Selective intestinal decontamination | - | - | 1 | 1 | 1 | **3** (2.2% |
| Source-image distance | - | - | - | - | 2 | **2** (1.5%) |
| Secondary immunodeficiency | 1 | - | 1 | - | - | **2** (1.5%) |
| Society Italian of diabetology | - | - | 1 | - | - | **2** (1.5%) |
| Source-image distance | - | - | - | - | 2 | **2** (1.5%) |
| Other definitions mentioned only once | 3 | 2 | 7 | 6 | 2 | **20** (14.9%) |
| Total | 21 | 19 | 41 | 33 | 20 | **134** |

thesiologists and physiologists asserted SID as strong ion difference while neonatologists and pediatricians asserted SID as sudden infant death syndrome. As both are equally correct, perhaps is time for a meeting on scientific/medical terminology to establish a consensus that could avoid cases like that showed here? Indeed, this is not a problem limited only to SID but an overall problem that affects bibliographic searching.

Vicente Alfaro PhD
Jesús Pesquero PhD
Barcelona, Spain

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