was the administration of Innovar® (as depicted in the Figure), it has been shown in 15 patients that Innovar® (i.e. Droperidol) can precipitate a hypertensive crisis in patients with a phaeochromocytoma.³⁻⁵ Nitroprusside is a far better agent than halothane to control this massive rise in blood pressure, as halothane may give rise to severe arrhythmias.⁵⁻⁷

Pancuronium has also been thought to cause a massive elevation in blood pressure in a patient with a phaeochromocytoma.⁸ However, the patient received 7 mg of pancuronium at the start of the procedure, and the pressure did not rise for 7.5 minutes.

Should hypertension occur after the administration of Innovar (i.e., Droperidol) and the abdomen has not been entered, the procedure should be cancelled and, if necessary, the patient should be given nitroprusside. A thorough work-up for a phaeochromocytoma must commence as soon as the patient's condition is stable. If the abdomen is already open, the patient should first be stabilized with nitroprusside (holding in abeyance any abdominal manipulation) and then the abdominal cavity systematically searched for a phaeochromocytoma.²

It would seem that this case report represents another instance where Innovar (ie, Droperidol) has caused a hypertensive crisis in a patient with a phaeochromocytoma. If one chooses to administer Innovar to patients known to have a

phaeochromocytoma, it must be used with extreme caution, and any crisis occurring should be treated promptly and appropriately.

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ERRATUM

MANAGEMENT OF A MALIGNANT HYPERTHERMIA PATIENT DURING CARDIOPULMONARY BYPASS

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Page 54, line 5: "hypothermia" should be "hyperthermia".