We hypothesise that this untoward result is associated with the administration of a propofol infusion after an acute hypoxic event. Unfortunately we can give no guidance, as to the length or severity of the preceding hypoxia, or the duration of the recovery period necessary before propofol becomes safe, as the only patient admitted to this hospital with this intoxication made a complete recovery.² We would be interested to receive case reports which support or refute this hypothesis.

It is possible that in a few susceptible children, hypoxia depresses the cytochrome-oxidase system. Until further evidence is available, we suggest very careful consideration before administering any long infusion of propofol in children immediately following an hypoxic incident.

I.A.J. Sloan FFARCS FRCPC MD

B.H. Robinson PhD

Department of Anaesthesia and Metabolic Program
The Hospital for Sick Children
Toronto, Ontario

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Survival after large ABO-incompatible blood transfusion

To the Editor:

A 2½ yr old, 13 kg child of blood group 0+, while undergoing insertion of a Glenn shunt, was inadvertently transfused with 150 ml of group B+ blood. The blood had been used to prime the cardiopulmonary bypass circuit. The blood was cross-matched for a previous patient, and was checked against the accompanying blood label but not against the patient's wrist-tag. The mistake was discovered in the middle of bypass. Frusemide 5 mg, hydrocortisone 100 mg, and dopamine 2 µg·kg⁻¹·min⁻¹ were infused empirically. Despite laboratory evidence of acute haemolysis, the patient was weaned off bypass uneventfully and recovered without haemodynamic instability, disseminated intravascular coagulopathy, or renal failure.

There are several possible reasons for the favourable outcome. ABO-antibodies are absent in the neonate and reach peak levels between the ages of 5-10 yr,¹

perhaps resulting in a low anti-B titre in our patient. Cardiopulmonary bypass is associated with neutropenia and a decrease in total haemolytic complement concentrations,² which may have reduced haemolysis. The use of heparin and the reduction in complement levels may have prevented the onset of intravascular coagulopathy.^{1,2} The mechanical support of the bypass pump, together with the accompanying surge of endogenous catecholamines,³ may have prevented hypotension, shock, and renal failure. Mannitol added to the prime helped to ensure urine output.

Acute haemolytic reaction is a potentially fatal complication of ABO-incompatible transfusion occurring at a rate of 1 per 25,000 units transfused.⁴ It commonly results from clerical errors that are preventable with stringent checking.⁵

Lian Kah Ti MBBS MMED (Anaesth)

Sophia Bee Leng Ang MBBS MMED (Anaesth)

Fun Gee Chen MBBS MMED (Anaesth) FANZCA
National University Hospital
Singapore

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