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Metallic microparticles in the needle-through-needle technique

To the Editor:

Eldor attempted to lay the blame for two cases of aseptic meningitis following regional anaesthesia on metal particles that formed because of the needle-through-needle combined spinal-epidural technique.¹ He quoted our investigation of the formation of metallic particles when we passed pencil-point needles over the curved orifice of Tuohy or Hustead epidural needles² to support his argument. In fact, we found similar notching at the tip of epidural needles that Eldor reported in his original letter.³ However, he neglected to state that we did not find metal particles after needle-through-needle passage that he espouses to explain this notching defect. Our report and that of another⁴ contradict his contentions.

Until Eldor can provide substantial evidence for the existence of microparticles, beyond the ones we found on every freshly opened, unused Tuohy needle inspected in our study, he should not be given an unrefereed forum to express unsupported claims.

Norman L. Herman MD PhD
Director, Obstetric Anesthesia Research
New York Hospital-Cornell University Medical College
Department of Anesthesiology
525 E. 68th Street New York, NY 10021, USA

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REPLY

I thank Dr. Herman and his group for their continuous interest in my 1991 observation that the needle-through-needle technique produces metallic microparticles. However I need to clarify some facts related to Dr. Herman's article:

A "notching defect" is a notching defect. That they did not detect metal filings or chips in either flush solutions does not mean they were not there. They have progressed from "No metal particle contamination"^{1,2} to "No additional metal particle formation."^{1,3}

Dr. Herman is mixing two things: His "notching defect" is evidence of friction between the spinal needle and the bent epidural needle tip in the needle-through-needle technique. It is another whether these metallic microparticles cause or serve as a nidus for aseptic meningitis.

Joseph Eldor MD
Jerusalem, Israel

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Persistent intraoperative myoclonus during propofol-fentanyl anaesthesia

To the Editor:

A 63-yr-old otherwise healthy man presented for shoulder surgery. Three minutes after induction of anaesthesia with 1 µg·kg⁻¹ fentanyl and 2 mg·kg⁻¹ propofol, the patient developed myoclonic jerking of his legs. These spasmodic contractions persisted for the next 10 min, during which propofol was infused at 6 mg·kg⁻¹·hr⁻¹. Because there were no changes in nature of the myoclonic movements, propofol was discontinued and 10 min later, the patient was fully awake and the myoclonic movements completely disappeared.