FIGURE This photograph illustrates the echocardiographic findings obtained after extubation in the Intensive Care Unit. There is clear extrinsic compression of the left atrium by the tumour mass. LV = left ventricle, LA = left atrium, T = tumour

100 mg thiopental and 6 mg vecuronium facilitated tracheal intubation. A right-sided subclavian central line was inserted easily. Anesthesia was maintained with isoflurane 1% and nitrous oxide 65% in oxygen.

Within five minutes the patient developed tachycardia, 130 bpm, and hypotension, 80/40 mmHg, and CVP measured 15 cm H₂O. Following isoflurane cessation and administration of 6 mg ephedrine and 500 ml Ringers lactate, her blood pressure normalised. After three minutes heart rate increased to 140 bpm, CVP to 35 cm H₂O, blood pressure reduced to 80/40 mmHg and ECG showed ST depression in all leads. Chest auscultation confirmed bilateral and equal air entry with crepitations. Nitrous oxide was discontinued, 6 mg ephedrine followed by 150 µg epinephrine and 60 mg furosemide were administered with cessation of fluids and an epinephrine infusion. Surgery was abandoned and CXR demonstrated bilateral opacities and no pneumothorax. There was no evidence of anaphylaxis.

With return of spontaneous respiration hemodynamic parameters improved rapidly and the epinephrine infusion was discontinued. Transthoracic echocardiography demonstrated severe compression of her left atrium by tumour and good left ventricular function. She was discharged from ICU within 24 hr. Myocardial infarction was ruled out.

The left atrium may be compressed extrinsically by any abnormal intrathoracic mass.^{1,2,3} Transthoracic echocardiography is the test of choice for diagnosing and quantifying the compression.⁴

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Leukocyte Reduction Filter Problems

To the Editor:

In my capacity as the Honorary Secretary of the Canadian Anesthesiologists' Society I have received a letter from the Food and Drug Administration of the United States asking me to alert my colleagues that patients who receive blood products transfused through a bedside leukocyte reduction filter may develop a precipitous drop in blood pressure. Since 1994, the FDA has received over 80 reports of patients developing severe hypotension during the transfusion of blood products through a bedside leukocyte reduction filter. To put this in perspective, it is estimated that approximately 20 million bedside leukocyte reduction filters were used during this period. The reaction is thought to occur more frequently in patients receiving ACE inhibitor therapy. It is thought that ACE inhibitors retard the degradation of bradykinin, which may be generated as a result of the transfusion of blood through a bedside leukocyte reduction filter. Full details of this report and other FDA safety notifications can be obtained from the FDA's web site at <http://www.fda.gov/cdrh/safety.html>.

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