Correspondence

Anaphylactic reactions

To the Editor:
To evaluate patients with suspected drug-induced anaphylactic reactions during anaesthesia, we are currently studying a new test for mast-cell activation that should be helpful in investigating these life-threatening reactions. If you have a patient who has developed a suspected anaphylactic reaction, please obtain one serum or plasma sample as soon as possible during the reaction, then an additional sample one hour later, and forward to me with the anaesthesia records. If your have any questions, please also call 404-248-3203. Thank you for your co-operation.

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Intrapleural block

To the Editor:
I draw your attention to the recent letter "Bilateral interpleural block for midline upper abdominal surgery."[1] As the pleura is an organ paired about the midline I cannot conceive how "interpleural" block can be bilateral. This cystic organ has been invaginated causing apparent layering of its wall, and improper use of synecdoche has led us to speak of two pleurae on either side, visceral and parietal. Intrapleural is a preferred term for what the author intends. However, let us cultivate simplicity and refer to pleural block, left and/or right. We will thus gain in clarity, succinctness and accuracy.

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REFERENCE
1 *Lee E.* Bilateral interpleural block for midline upper abdominal surgery. Can J Anaesth 1991; 38: 683.

Intrapleural epidural catheter for the treatment of pneumothorax

To the Editor:
Intercostal blockade is an accepted method of postoperative pain relief after cholecystectomy operations and pneumothorax is a recognised complication of this block. During the past year, three patients developed pneumothorax, with symptoms, following intercostal blockade. In each case an epidural catheter was sited intrapleurally at the sixth intercostal space in the mid-axillary line and the pneumothorax could be treated by aspirating the air and evacuating it through a three-way stopcock. The catheters were removed after 24 hr, when no more air could be aspirated. Furthermore the catheters were used to provide intrapleural analgesia for postoperative pain relief in these patients.[1]

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REFERENCE
1 *Reiestad F, Stromskag KE.* Interpleural catheter in the management of postoperative pain. Regional Anesthesia 1986; 11: 89–91.

Obstetrical anaesthesia for patients with HELLP syndrome

To the Editor:
The review article by Crosby regarding the anaesthetic management of patients with HELLP syndrome[1] was both interesting and informative. His advice as to the place of epidural anaesthesia in this condition was well reasoned but I would like to add two further points.

First, in the patient who is at high risk of developing a coagulopathy it would seem sensible to reduce the incidence of epidural vessel puncture. As the epidural veins are situated along the lateral walls of the epidural space,[2] a midline approach will decrease this risk, as will the