

inhalational induction technique.⁵ As the history was of dysphagia, without regurgitation we considered the risk of aspiration to be small.

No premedication was prescribed. A co-axial Bain breathing system with two 2-litre reservoir bags in series at the machine end was primed with 8% sevoflurane 8% in 50% O₂:N₂O. He exhaled to residual volume, breathed in deeply and held his breath. Cricoid pressure was applied with the loss of consciousness and anaesthesia deepened with sevoflurane 8%. Following a brief period of apnoea, manual ventilation was performed until tracheal intubation at four minutes. Ventilation was continued with sevoflurane 2%. The procedure was uneventful.

He was extubated in the left lateral position, after the resumption of spontaneous respiration, waking approximately 18 min after induction. Four hours later he was clinically fully recovered. Sevoflurane may have a place in the induction and maintenance of anaesthesia in patients with myotonic dystrophy.

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REFERENCES

- 1 Aldridge LM. Anaesthetic problems in myotonic dystrophy. A case report and review of the Aberdeen experience comprising 48 general anaesthetics in a further 16 patients. *Br J Anaesth* 1985; 57: 1119-30.
- 2 Russell SH, Hirsch NP. Anaesthesia and myotonia. *Br J Anaesth* 1994; 72: 210-6.
- 3 Mason RA. Dystrophia myotonica (and other myotonic syndromes). In: *Anaesthesia Databook. A Clinical Compendium*, 2nd ed. London: Churchill-Livingstone, 131-6.
- 4 Kinney MAO, Harrison BA. Propofol-induced myotonia in myotonic dystrophy (Letter). *Anesth Analg* 1996; 83: 665-6.
- 5 Smith I, Nathanson M, White PF. Sevoflurane - a long-awaited volatile anaesthetic. *Br J Anaesth* 1996; 76: 435-45.

Falsely reassuring readings with conventional pulse oximeters

To the Editor:

McCrorry *et al.* report a case of falsely elevated pulse oximetry readings in a neonate without apparent explanation.¹ This case emphasizes the limitations of traditional pulse oximetry. The authors provide references to

several potential causes of such an anomaly.² The list of potential causes can be expanded to include other dyshaemoglobinaemias (e.g. methaemoglobinaemia) and congenital haemoglobinopathies (e.g. Haemoglobin Köln and Haemoglobin Hammersmith).³ Were these possibilities considered in the differential diagnosis? I commend the authors on reporting this case as it is important to investigate cases such as the one described to ensure that we understand the limitations of the tools we rely on to indicate normal physiology.

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REFERENCES

- 1 McCrorry C, Ryan M, Doherty P. Falsely reassuring pulse oximetry in the presence of severe hypoxia (Letter). *Can J Anaesth* 1997; 44: 1323-4.
- 2 Poets CF, Southall DP. Non-invasive monitoring of oxygenation in infants and children: practical considerations and areas of concern. *Pediatrics* 1994; 93: 737-46.
- 3 Lang SA, Chang PC, Laxdal VA, Huisman THJ. Haemoglobin Hammersmith precludes monitoring with conventional pulse oximetry. *Can J Anaesth* 1994; 41: 965-8.

REPLY:

Thank you for your interesting comments. We were not able to measure the congenital haemoglobinopathies Hammersmith or Köln at the time. Although in this case the neonate was beyond recovery and, therefore, oximetry did not effect outcome, in a less severely ill patient reliance on oximetry could have lead to suboptimal therapy and avoidable patient deterioration. This case report highlights the inherent dangers of placing too much reliance on pulse oximetry or any other piece of monitoring equipment. It is crucial that doctors understand the limitations of the monitoring equipment they use.

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Complications of PA catheter

To the Editor:

A recent publication demonstrating increased mortality in patients receiving pulmonary artery catheters (PA)¹ questions whether the use of pulmonary artery catheters (PAC) does more harm than good. Based on this report, we performed a retrospective analysis of 102 PAC insertions to examine our complication rate.² Complications were observed in 31 patients