

Malignant hyperthermia

To the Editor:

The mortality of a fulminant malignant hyperthermia (MH) crisis has decreased from 95% to < 5%, largely due to clinical vigilance and availability of dantrolene within the OR. The recommendation is that each facility have sufficient stock of dantrolene, i.e. 36 bottles ($10 \text{ mg} \cdot \text{kg}^{-1}$ for a 70 kg man) available in the OR. The presence of dantrolene is for the unanticipated crisis rather than for the known MHS individual.

A Coroner's Inquest in 1985 following an MH fatality recommended:

That an adequate supply of Dantrolene be kept on hand at all hospitals. The service to be used to transfer extra supplies from a central storage site (i.e. Central Pharmacy of the same hospital) is to be encouraged to initiate a routine that will expedite the transfer.

A major concern is that many hospitals stock insufficient dantrolene to respond adequately to an unanticipated crisis. The Malignant Hyperthermia Association of Canada has recently updated much of their educational literature and teaching aids for OR personnel.

MHS individuals are being denied care at Community hospitals.

MH patients are being refused elective surgery and a reason cited is that there is insufficient dantrolene on site. The irony is that with the use of trigger free anesthetic techniques, the likelihood of triggering a MH crisis and thus requiring dantrolene is minimal.

This letter helps to lobby hospitals for the required supply of dantrolene for their ORs. Careful adherence to guidelines in the management of elective and urgent MH susceptible individuals will ensure that the patient will receive appropriate care within their community.

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