Reply to the letter

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To the Editor:

We are honored to get a comment to our article. This letter questions whether the block height due to spinal anesthesia in the study was high. Additionally, the letter assumed that both the settings of high block height (Th2-4) and high incidence of hypotension and decrease in CO led to the decrease in rCBV and rCBO. Actually, there were four subjects (24%) in the study whose block height was Th2-4. We are not sure if this is a large or small number. Actually, however, both block height (median: Th5) and the incidence of hypotension (41%) observed in the study were surely not high when compared to other report [1]. On the other hand, since an abrupt decrease in CO decreases rCBO [2], it is quite possible that decrease in CO due to the high block height led to decrease in rCBV and rCBO in the study, as pointed out in the letter. Since this point was precisely the outcome of the study, we investigated the contribution of changes in CO and SVR to changes in rCBV and rCBO. The results indicated that CO did not change after spinal injection while SVR significantly decreased, and both the changes in rCBV

and rCBO significantly correlated with changes in SVR, although they did not correlate with the change in CO. Based on the results, we think our consideration that decrease in rCBV and rCBO after spinal injection are dependent on the decrease in SVR is appropriate. Moreover, it is hard to adopt the reasoning mentioned in the letter that decrease in CO led to decrease in rCBV and rCBO.

References

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