Online Correspondence


Girgis and Milner described an interesting presentation of lactic acidosis in a patient with life-threatening asthma. However, we think that the metabolic disturbance was not necessarily caused by intravenous infusion of salbutamol.

We have recently observed a similar case of a 36-year-old female patient who was admitted to a High Dependency Unit with a severe asthma attack. The patient, who was otherwise normally fit and well, received a standard regime of nebulised salbutamol and aiotvent followed by intravenous aminophylline and magnesium. She was tachycardic with a heart rate of around 140 bpm and therefore we decided not to use i.v. salbutamol.

Interestingly, her arterial blood gas sample taken on admission showed a picture of compensated metabolic acidosis with pH 7.39, Pco2 3.51 KPa, Po2 18.4 KPa, bicarbonate 15.0 mmol.L−1, BE−8.4, and lactate 6.6 mmol.L−1 on 10 L of oxygen. Physical examination, apart from severe bronchospasm and tachycardia, was unremarkable. The patient continued to receive regular β2-agonists, i.v steroids and aminophylline with a good response.

Blood gases taken regularly showed a gradual fall in lactate and improvement in base deficit with both parameters returning to normal levels 6 h later.

The commonest cause of lactic acidosis is tissue hypoxia especially if associated with strenuous exercise [1].

Lactic acidosis is not uncommon in severe asthma [2]. Bronchospasm causing tissue hypoxia and increased work of breathing leads to lactate accumulation.

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References


I read with interest this acupuncture study on postoperative nausea and vomiting (PONV). Although the use of acupuncture for PONV is backed up by systematic reviews [1,2], acupuncture was not more effective than placebo acupuncture in this high-quality study. Regarding their non-significant results, firstly, a question arises whether PC6 has a specific anti-emetic effect. Research into the anti-emetic effect of PC6 stimulation was initiated by Prof Dundee who witnessed such practice in Chinese antenatal clinics. Since then, this intervention has been trialed in nausea and vomiting of any aetiology. However, the single acupuncture point PC6 stimulation may not be sufficient in reducing the incidence of PONV. A combination of other points, e.g. ST36, ST40, CV12, could better reflect everyday practice and recently studies adopted such approaches [3,4]. Second, recent trials with positive results in this area had a longer stimulation duration and the needles were maintained postoperatively [3,5]. This implies that duration of acupuncture stimulation may be as important as the initiation time or patient’s consciousness [2]. The effect of acupuncture can vary with the technique used, e.g. duration of needling, depth of needling, type of stimulation. In addition to testing the acupuncture effect on PONV, future trials seeking optimal conditions of acupuncture intervention are also required.

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References

A reply

We thank H Lee for his comments regarding our study. As we already...