

## CORRESPONDENCE

To the Editor:

An apparently healthy 53 year old white man underwent enucleation of an eye under pentothal anesthesia. A Guedel pharyngeal airway was inserted before operation; an endotracheal tube was not used. The draping was designed to provide free access to room air; the mouth and nose were uncovered. The patient's chin was supported. The surgeon administered a very small amount of epinephrine topically. During the operation the patient's systolic blood pressure rose steadily from 132 to 220 mm. and remained at 190 to 200 mm., despite (1) adjustment of the airway and support of the chin, (2) suctioning (there were no secretions), (3) administration of oxygen, and (4) varying the level of anesthesia. His color was good throughout the procedure, the pulse and respiratory rates and depth of respiration were not altered. He awoke at the anticipated time after the operation. His color was good. The blood pressure reading remained high, even reaching a level of 220 mm. At that time it was thought that he was simply hypertensive and that the preoperative reading represented the effect of sedation. A piperoxane

test for pheochromocytoma was negative. The blood pressure remained high for forty hours, during which time he appeared to be symptom free; at the end of this time, the pressure fell to 120 mm. systolic and 80 mm. diastolic; it rose the next day to 150 mm. systolic and 90 mm. diastolic.

I do not believe that there was any degree of respiratory obstruction at any time during anesthesia, nor was there interference with respiratory function, such as laryngospasm or shallow respiration. The amount of epinephrine used by the surgeon was extremely small. The patient stated later that he had had periods of weakness, trembling and marked hunger, but he did not know of any concomitant rise in blood pressure. No explanation has been found to account for the rise in blood pressure during anesthesia and operation and for its remarkable persistence for forty hours after the procedure.

I shall be happy to receive comments relating to this case, including either diagnoses or discussions of this phenomenon.

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