

that the patient was anxious, with tachycardia, tachypnea and a temperature of 40 C. There was tenderness in the right upper quadrant, and the liver was thought by some observers to extend below the right costal margin. Results of laboratory studies at this time were consistent with hepatocellular damage. On the tenth post-hospital day a needle biopsy of the liver was performed. Microscopic examination of the tissue showed architectural changes in the central lobular areas consistent with "halothane hepatitis." Following treatment with steroids and dietary restrictions, the patient made an uneventful recovery and was discharged on the fifteenth day.

Careful review of the medical record failed to shed any light on the cause of the hepatic damage. Inspection of the face sheet containing the patient's financial and insurance data, however, was most revealing. In the years between her two surgical procedures the patient was employed as a machinist in a plastics plant that fabricated components for electric generators.

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Another Indication for an Epidural Blood Patch

To the Editor:—Recently, Lee and Roberts¹ reported a case of paresis of the fifth cranial nerve following spinal anesthesia. This was attributed to a low cerebrospinal fluid (CSF) pressure following dural puncture. Their patient was successfully treated with intravenous fluid therapy and an abdominal binder, which presumably increased the pressure in the peridural venous plexus. If the paresis were due to a low CSF pressure resulting from a dural leak, then an epidural blood patch would have been useful both for confirmation of the cause and for relief of the symptoms.

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In reply:—Although an epidural blood patch is a useful means for treating symptoms from low CSF pressure, it is our opinion that conservative treatment in the form of intravenous fluids and abdominal binder should be tried first. This is especially true when the differential diagnosis includes viral infection or brainstem thrombosis, as discussed in our report. Fortunately the patient's symptoms subsided within 36

hours in response to conservative methods and there was no need to pursue an epidural blood patch.

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