

CORRESPONDENCE

the understanding that the risk-benefit ratio of continuous caudal infusions and the proposed added protection of the caudal barrier flap merit further investigation.

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Succinylcholine and Duchenne Muscular Dystrophy

To the Editor:—A letter to the editor¹ describes intractable cardiac arrest following succinylcholine in patients with Duchenne muscular dystrophy (DMD). I know of two other cases of cardiac arrest following succinylcholine; one of the patients survived. The patient who survived was found to have DMD. Unfortunately, in the patient who did not survive, the pathologist did not follow the suggestion of the anesthesiologist to do a muscle biopsy for DMD.

The letter¹ suggests glucose and insulin for the immediate treatment of hyperkalemia. However, I think that, in a patient in whom cardiac arrest occurred, the ischemia plus glucose might result in more damage to the central nervous system.^{2,3} Therefore, I suggest that, in a patient with unstable circulation who is severely hypotensive, the initial pharmacologic treatment should be epinephrine, because it is well known that epinephrine is first-line treatment for hyperkalemia and has beneficial effects on circulation. Calcium and bicarbonate also are indicated for the immediate therapy of hyperkalemia. After the circulation has stabilized, the administration of glucose and insulin should be considered.

* Lundy EF, Kuhn JE, Kwon JM, Zelenock GB, D'Alecy LG: Infusion of five percent dextrose increases mortality and morbidity following six minutes of cardiac arrest in resuscitated dogs. *Journal of Critical Care* 2:4-14, 1987.

† Steward DJ: Hyperglycaemia: something else to worry about! *Paediatric Anaesthesia* 2:81-83, 1992.

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It has been my practice to give a nondepolarizing muscle relaxant before succinylcholine in all children aged 1 yr and older. It is known that pretreatment in children prevents an increase in creatine phosphokinase and fasciculations³ and reduces myalgia. Though potassium levels were not measured in this study of normal infants and children,¹ such measurements may reduce hyperkalemia, which follows in patients with unsuspected DMD.

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