

Comment on: Does sugammadex decrease the severity of agitation and complications in pediatric patients undergoing adenotonsillectomy?

To the Editor

I have read with interest the research by Korkmaz.¹ I am extremely grateful for detailed study in Sakarya, Turkey. I support additional comments about this study especially sugammadex use.

Sugammadex is the innovative drug for reversal of rocuronium. We expect complete recovery from neuromuscular relaxation after sugammadex. However, it has also some side effect. Bradycardia and cardiac arrest is potential risk reported by many documents.² My hospital experienced cardiac arrest of patient with variant angina after sugammadex administration.³ Therefore, optimal dose with slow injection is mandatory with electrocardiography monitoring for safe use of sugammadex.

Author designed this study that neostigmine and atropine was injected in the train-of-four (TOF) count 2/4. Train-of-four 3/4 or 4/4 is more ideal for more complete recovery from neuromuscular block. This can reduce postoperative complications in Table 4. However, anesthetic time is slightly prolonged for more TOF count.

Yong H. Kim

*Department of Anesthesiology and Pain Medicine
Haeundae Paik Hospital
Inje University, Busan
South Korea*

Reply from the Author

We would like to thank Dr. Yong H. Kim for their interest in our article entitled “Does sugammadex decrease the severity of agitation and complications in pediatric patients undergoing adenotonsillectomy?”¹

In response, I would firstly indicate that the study was only enrolled children with an average age of 6. As you know, the pharmacodynamic of the drugs is one of the distinct scientific research areas in pediatric population. Therefore, the timing of neostigmine administration has not been fully understood, which is now being a research of interest for further studies.⁴ The information given in comments of the author is absolutely accurate; however, the recommendations merely belongs to the adults population, they are neither for pediatric nor geriatric population.

Muge O. Korkmaz

*Otolaryngology Department
Havva Sayhan
Mehmet Guven
Anesthesia and Reanimation Department
Faculty of Medicine
Van Yuzuncuyul University
Sakarya, Turkey*

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