A Canadian history lesson

A recent news item about Canada’s support of a UN resolution on nuclear disarmament included a photo depicting a woman protesting nuclear testing in 1961. It was unfortunate that the caption did not identify the woman as Senator Thérèse Casgrain, daughter of Lady Blanche MacDonald and Sir Rodolphe Forget. Senator Casgrain was well known not only for her social democratic ideas, but also for her defence of women’s rights. It was because of her and her associates that women were finally given the right to vote in Quebec. She was an outstanding person who contributed a great deal to Canada and to Canadian history.

Giles P. Raymond
Professeur titulaire en médecine
Université de Montréal
Montréal, Que.

Reference

Propofol syndrome in children

E ric Wooltorton’s report about propofol1 reiterates the well-known fact that the use of propofol for sedation in critically ill children has been associated with a life-threatening adverse reaction characterized by metabolic acidosis, hemodynamic instability, multiorgan failure, lipemia, hepatomegaly and rhabdomyolysis.2,3 Wooltorton speculates that this reaction, which he refers to as the “propofol syndrome,” may be less common when the drug is used in children for procedural sedation or for induction or maintenance of general anesthesia. However, he contends that “significant harm can come from off-label use of agents whose pediatric safety profile is incomplete” and that “the known and theoretical risks of propofol should be explained to parents.”

At the Hospital for Sick Children, propofol has been used in approximately 100 000 pediatric patients for sedation and general anesthesia without a single occurrence of the “propofol syndrome.” This rate is less than the incidence of major perioperative complications.4 Our experience is similar to that at other centres,5,6 and thus the actual risk, if it exists at all, is minimal. Furthermore, a causal relation between propofol anesthesia and the syndrome has never been established.2,3,7

The suggestion that the “propofol syndrome” may occur in the context of single bolus administration or short-term infusion in children is incorrect. Accordingly, we stand by our practice of not citing this issue when we inform parents or guardians of the risks associated with propofol anesthesia in the preoperative interview.

Mark W. Crawford
Director of Research
Bruce G. Dodgson
Director of Quality Management
Helen H.K. Holbty
Director of Cardiac Anesthesia
W. Lawrence Roy
Chief of Anesthesia
Department of Anesthesia
The Hospital for Sick Children
Toronto, Ont.

References

My article on propofol1 highlighted the roles of CMAJ’s Health and Drug Alerts column: to emphasize...
warnings from recent international “Dear Healthcare Professional” letters, to distill key messages when such letters are vague and to bring debates from more specialized bodies of literature to our general medical audience. Questions about the exact frequency and risk factors for a so-called propofol syndrome in critically ill children are certainly worthy of future systematic and rigorous research. However, I believe the real issue is not whether the syndrome truly exists, but whether a single advisory from the US Food and Drug Administration (FDA) in 2001 is sufficient to put the issue to rest. We know from the cisapride story that even multiple warnings can fail to have an impact on physicians’ prescribing behaviours.2,3 In the case of propofol, postmarketing adverse events (including deaths) continued to occur in Canada, despite the 2001 FDA warning, and were the reason that Health Canada issued its own warning.4 I felt it wise to echo these concerns, to frame the debate for those who were unfamiliar with it and to recommend that patients be kept informed.

I can appreciate the letter writers’ concerns about whether or not to include “theoretical risks” in preoperative discussions with patients and their families. Although I usually choose to inform patients of all serious adverse events (including those that are rare), I admit that in writing this column I should have better emphasized the difference between concerns about propofol’s use for the long-term sedation of critically ill pediatric patients and its relative safety in other contexts.

Eric Wooltorton
CMAJ

References

Snowmobiler’s hematuria

Snowmobiling is a common recreational activity in many regions of Canada and other countries with winter snow cover, but snowmobilers are at risk for traumatic injuries.1 I describe here a healthy man who experienced gross hematuria after long-distance snowmobiling. A MEDLINE search yielded no other reports of nontraumatic gross hematuria after snowmobiling.

A 40-year-old man experienced