To the Editor:

We read with great interest the study by Lin et al.,1 suggesting that iv lidocaine with 2 mg·kg–1 or ephedrine 5 mg suppress fentanyl-induced cough. We appreciate the brief review on the hypotheses explaining the mechanism of fentanyl-induced cough, as very little is known on this frequent adverse event. However, daily clinical routine also shows that the slow iv administration of fentanyl prevents fentanyl-induced coughing and, therefore, clinicians try to prolong administration, as recommended also by Lin et al. Unfortunately no data confirm that prolonged administration has fewer side effects. Therefore, we wonder whether we should rely on clinical experience and administer fentanyl slowly or add yet another drug during induction of anesthesia.

We would have concerns to administer, for example, lidocaine 150 mg iv to otherwise healthy ASA status I and II patients just to suppress a side effect elicited by the rapid administration of fentanyl. Intravenous lidocaine 2 mg·kg–1 is more than the recommended dose (1–1.5 mg·kg–1) for resuscitation of ventricular fibrillation. As an antiarrhythmic drug it may have some arrhythmicogenic effects and its vasodilatory effects could even augment the cardiovascular depression seen after most induction agents. However, the pre-administration of ephedrine 5 mg iv seems to be a promising idea, as induction of general anesthesia often goes along with a relevant drop in blood pressure and pre-administration of such a small dose of ephedrine could be an acceptable alternative in clinical practice.

Christoph J. Schlimp MD
Franz J. Wiedermann MD DEAA
Innsbruck, Austria

Reference