Plasma cholinesterase deficiency in a neonate: a follow-up

To the Editor:

We reported a two-day-old infant in 1993 who had apnoea lasting six hours following the intravenous administration of succinylcholine. The results of the plasma cholinesterase level and dibucaine number indicated a congenital absence of plasma cholinesterase enzyme. Her cholinesterase activity measured at three days of age was $0.2~\rm U\cdot ml^{-1}$ (normal: $3.4-6.5~\rm U\cdot ml^{-1}$) and the dibucaine number was <5% (normal 73-90%). Both parents and siblings had normal cholinesterase levels and dibucaine numbers, and it was felt that the parents were heterozygous for the silent gene.

In a Letter to the Editor, Drs. Vassallo and Goudsouzian suggested that analysis of plasma cholinesterase activity should be made at an older age in our patient before a definitive diagnosis of cholinesterase deficency is made.²

At 27 mo, our patient returned for a follow-up plasma cholinesterase level which was $0.2~\mathrm{U\cdot ml^{-1}}$. The dibucaine number could not be calculated due to the low value for plasma cholinesterase. This confirms that our patient does have cholinesterase deficiency and not a transiently low level of plasma cholinesterase activity due to her young age.

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REFERENCES

- Pasquariello CA, Schwartz RE. Plasma cholinesterase deficiency in a neonate. Can J Anaesth 1993; 40: 529-31.
- 2 Vassallo SA, Goudsouzian NG. Plasma cholinesterase activity in infants (Letter). Can J Anaesth 1994; 41: 654.

REPLY

It is reassuring to learn that Drs. Pasquariello and Schwartz were able to obtain a follow-up plasma cholinesterase level when the above patient reached 27 months of age. Repeat testing confirmed a very low plasma cholinesterase activity and now a definitive diagnosis of cholinesterase deficiency is appropriate. We applaud their persistence.

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