



# REVISTA BRASILEIRA DE ANESTESIOLOGIA

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## LETTER TO THE EDITOR

### Case of anaphylaxis induced by rocuronium treated with sugammadex

Dear Editor,

First, I would like to congratulate the authors for the article entitled "Case of Anaphylaxis Induced by Rocuronium Treated with Sugammadex", recently published in the *Revista Brasileira de Anestesiologia* (Brazilian Journal of Anesthesiology).<sup>1</sup>

While reading the article, two points deserving some considerations were noted. First, an anaphylactic reaction was reported after rocuronium administration; however, as described by the author himself, it is impossible to differentiate an anaphylactic from an anaphylactoid reaction based only on clinical data.<sup>1</sup> Differential diagnosis is made by laboratory tests. The author cited an article reporting a similar case in which differential diagnosis was made, and thus the term "anaphylaxis" may use.<sup>2</sup>

The second observation relates to the time of medications used. In the third paragraph of the Case Report section, it is reported that immediately after intubation signs of a possible allergic reaction were noted and treatment initiated. Doses of epinephrine (0.30 mg) were used, repeated every 5 minutes, totaling 1.5 mg of this medication. In the next paragraph, the authors report

that 700 mg of sugammadex were used 5 minutes after administration of rocuronium, followed by another dose of epinephrine (0.30 mg). Finally, in the fifth paragraph of the Discussion section, it is reported that sugammadex was administered 25 minutes after rocuronium.<sup>1</sup>

Thus, it is clear that there is an inconsistency in the administration times of medications and, hence, in total dose of adrenaline. Due to the great importance of the subject and high mortality of this complication, data description requires accuracy in order to become an aid tool for future cases.

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### References

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2. McDonnell NJ, Pavy TJ, Green LK, et al. Sugammadex in the management of rocuronium-induced anaphylaxis. *Br J Anaesth.* 2011;106:199-201.