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Letter to Editor

Errors in an article published in EgJA in 2016

CrossMark

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Dear Editor of Egyptian journal of Anaesthesia,

Recently, while I was searching articles related to intrathecal nalbuphine, I found one article [1] interesting.

But, unfortunately there are some errors in that article which I would like to bring to your kind attention.

The errors are in the discussion section of that article published in EGJA in July 2016 [1]. In the discussion section, it is written in the last paragraph which is as follows:

"In this study, the significant reduced incidence of shivering with intrathecal nalbuphine versus placebo ($p < 0.05$) is similar to that reported by Roy and colleagues who found similar effects of intrathecal meperidine [20], and by Tiwari et al. [10]. Also, this is comparable with the studies used nalbuphine intravenously to control postoperative shivering [18,21]. The core temperature was also, significantly decreased in nalbuphine group more than control group as noticed in many studies [20–23]. The insignificant change in the mean arterial blood pressure documented in the study is in accordance with other studies that used intrathecal nalbuphine as Roy and colleagues [20], Fournier and co-workers [9], Tiwari et al. [10], and Chaney [24]".

Tiwari et al. [2] had observed that shivering was there in two patients of each group with p-value more than 0.05 which is insignificant, regardless of nalbuphine usage. The abstract of that article [2] as follows:

(Group A (n = 25) received 2.5 mL of 0.5% hyperbaric bupivacaine + 1 mL sterile water intrathecally; group B (n = 25) received 2.5 mL of 0.5% hyperbaric bupivacaine + 1 mL (200 µg) nalbuphine intrathecally; group C (n = 25) received 2.5 mL of 0.5% hyperbaric bupivacaine + 1 mL (400 µg) nalbuphine intrathecally.

One patient in group A had nausea and vomiting, 2 patients in each group developed shivering. (P > 0.05).

Roy et al. [3] had used only intrathecal meperidine as mentioned in the first sentence of this paragraph and not intrathecal nalbuphine as mentioned in the last sentence.

The review article written by Chaney M.A [4] is also not specific to intrathecal nalbuphine as this sentence implies but to many opioids like morphine, fentanyl, sufentanil used in central neuroaxis blocks. The particular article which is related to intrathecal nalbuphine should only be cited.

I think that the authors, as well as the reviewers, would have overlooked these references.

I hope that you will agree with the points that I had written in this letter.

Thank you & Very kind regards.

References

[1] Eskandr Ashraf M, Ebeid Ayman M. Role of intrathecal nalbuphine on prevention of postspinal shivering after knee arthroscopy. Egypt J Anaesth 2016;32:371–4.
[2] Tiwari AK, Tomar GS, Agrawal J. Intrathecal bupivacaine in comparison with a combination of nalbuphine and bupivacaine for subarachnoid block: a randomized prospective double blind clinical study. Am J Ther 2013;6:592–5.
[3] Roy JD, Girard M, Drolet P. Intrathecal meperidine decreases shivering during cesarean delivery under spinal anesthesia. Anesth Analg 2004;98(1):230–4.
[4] Chaney MA. Side effects of intrathecal and epidural opioids. Can J Anaesth 1995;42:891–903.

Comments from the editors and reviewers: I agree with the comment sent to the Egyptian journal of anaesthesia about the studies mentioned in the discussion. I just want to add that the study by Fournier and his coworkers investigated the analgesic effect of nalbuphine compared to morphine administered intrathecally and they did not comment on the post spinal shivering. This study was published in 2000 at the Acta Anesthesiologica Scandinavica titled "Onset and offset of intrathecal morphine versus nalbuphine for postoperative pain relief after total hip replacement".