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LETTER TO THE EDITOR

Letter to the article by Juri et al.

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To the Editor:

We read with great interest the recent article by Juri et al. [1]. Their inspirational study on this important topic deserves further discussion. In particular, we have some concerns in regard to their study conclusion. The authors have claimed that changes in the corrected carotid flow time by the Trendelenburg position could serve as a good predictor of spinal anesthesia-induced hypotension for cesarean delivery. However, the percentages of elevated levels of sensory block (≥ T4) in both groups were not reported, respectively.

It is known that, a specific level of sensory block is required in patients undergoing cesarean delivery under spinal anesthesia [2]. In a cesarean section (CS), the level of T4–T6 anesthesia is appropriate [3]. An elevated level of sensory block (≥ T4) will cause hypotension, bradycardia, nausea and vomiting, and a decreased level of consciousness [4]. In the article by Juri et al. [1], the level of block height (mean) was T4 (T2–T5). However, an important question is raised: what were the percentages of patients with elevated levels of sensory block (≥ T4) in both groups?

If the percentage of patients with an elevated level of sensory block (≥ T4) in both groups was too high, a potential bias in both groups was identified. The stability of hemodynamics would weaken, and the incidence of hypotension after spinal anesthesia for CS in both groups would increase. So, under the setting of a high level of sensory block, the value of FTc-2 in the current study by Juri et al. after spinal anesthesia would be increased. Most importantly, the high level of block height T2 would directly inhibit myocardial contractile function, leading to decreased cardiac output. Therefore, under such a high incidence of hypotension and a decreased cardiac function setting, changes in the corrected carotid flow time induced by the Trendelenburg position might not be accurate.

From the discussion above, the current study did not provide convincing evidence that changes in the corrected carotid flow time induced by the Trendelenburg position could serve as a good predictor of spinal anesthesia-induced hypotension for CS.

Declarations

Conflict of interest No conflict of interest exits in the submission of thismanuscript, and manuscript is approved by all authors for publication.

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