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Sympathectomy for Acute Pulmonary Embolism

[Letters To The Editor]

Stratmann, Greg MD

Department of Anesthesia and Perioperative Care
UCSF Medical Center
San Francisco, CA

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Sympathectomy for Acute Pulmonary Embolism

To the Editor:

In the December issue, Jahn et al. report improvement in cardiovascular indices after thoracic epidural analgesia in a sheep model of pulmonary embolism (PE) (1). Sympathetic blockade in PE is a logical approach because initial pulmonary vasoconstriction in PE may be sympathetically mediated (2). However, the mode of sympathetic blockade chosen by the authors will have limited applicability in humans, given that the initial treatment of acute PE often includes thrombolytic and/or anticoagulative therapy (3) and thus harbors the risk of thoracic epidural hematoma formation. An alternative, potentially less dangerous, mode of sympathetic blockade after PE is a stellate ganglion block. Several reports from the 1940s and 50s exist on the dramatic effects of unilateral stellate ganglion block in the setting of acute PE in man (4–6). The risk/benefit ratio of a unilateral stellate ganglion block does not seem quite as prohibitive as that of a thoracic epidural in the setting of ongoing thrombolytic or anticoagulant therapy. The potential of this therapeutic modality has not been systematically evaluated. If successful in models like Jahn's, stellate ganglion block after PE could potentially be translated into the clinical setting.

Greg Stratmann, MD

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