patients rarely respond to antiinflammatory medications.
I fully agree that cough syncope refractory to oral medications
and perioperative cough are good indications for nebulized lidocaine.
I would add cough associated with mechanical ventilation and
neurologic injury to this list.

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REFERENCES

Carbon Monoxide and General Anesthesia

To the Editor:

In the report “False-Low Carbon Monoxide Diffusing Capacity Measurement After General Anesthesia” by Gilbert and colleagues (February 1996),1 the authors attribute the measurement of high-mixed expired carbon monoxide (CO) concentrations in their postoperative patients to nitrous oxide. They claim that it would be “a physiologic impossibility” for expired CO concentrations to be higher than the inspired concentration utilized in diffusing capacity (DL) measurement.

It should be pointed out that a patient who has been intoxicated with CO will clear the gas via exhalation after removal from the source of exposure. When measuring DL, it is assumed that CO back pressure is zero. If the patient’s carboxyhemoglobin (CoHb) level is elevated, it is necessary to correct the measured DL to account for a false-low value.2

Furthermore, a number of reports have been published that document the development of elevated CoHb levels during general anesthesia.3,5,6 The mechanism by which this occurs is thought to be due to generation of CO by a chemical interaction within the breathing circuit between the carbon dioxide absorbent and halogenated volatile anesthetics.3,6

The patients reported by Gilbert et al1 received isoflurane in addition to nitrous oxide. It is possible that the measured expired CO concentrations were real, as a result of CO exposure during general anesthesia. Based on the kinetics of CoHb elimination, it is not inconceivable that they would still be clearing CO when the DL measurements were performed 2 to 4 h later. When patients demonstrate unusually low CO diffusing capacity measurements following general anesthesia, CoHb levels should be obtained.

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REFERENCES

Pleur al Fluid Cholesterol and Lactate Dehydrogenase for Separating Exudates From Transudates

To the Editor:

The study by Costa and colleagues (November 1995)3 concluded that measurements of pleural fluid cholesterol and lactate dehy-