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Figure 1: Mother lying in the ICU bed with the baby sleeping on her chest in prone position

Physical incompatibility between Furosemide and Rocuronium Bromide

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Rocuronium bromide is a commonly used neuromuscular blocking agent in the present day neuroanaesthetic practice. Furosemide is a diuretic agent used in neurosurgical patients to reduce the intracellular and extracellular fluid compartments of the brain. We report an observation of a physical incompatibility between these two commonly used agents.

A 59-year-old, 69-kg male was posted for elective craniotomy and resection of temporal meningioma. Preoperative treatment history of the patient revealed intake of phenytoin 100 mg orally twice daily since last 7 months. During the surgical procedure, a 14G intravenous (IV) cannula was secured in the left forearm and 0.9% saline was administered via a 50 cm long extension line. As the patients receiving chronic anticonvulsant medications are resistant to non-depolarizing muscle relaxants,

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Both rocuronium and furosemide are commonly used during neurosurgical procedures; and we would like to re-emphasise the incompatibility of the two agents which despite a known fact, is often forgotten in the operation room. Hence, we suggest routine use of these two agents through different IV access whenever a co-administration is planned.

REFERENCES


Incompatibility of methyl prednisolone succinate and vecuronium bromide has been reported previously and the possibility of pulmonary embolism with particle size more than 6 µm has been cautioned.[3] However, it is not known whether the particle size of the precipitate formed by furosemide and rocuronium admixture results in a similar size to cause pulmonary embolism.