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[“ABSTRACT” of] Letter to the Editor

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The article, Anesthetic Risks in Sickle Cell Trait, is disconcerting because its conclusions are unjustified and its implications unwarranted. For example, due to the paucity of preoperative information one might conclude that the patients were doubly heterozyous for a hemoglobinopathy such as sickle thalassemia.

The presence of generalized sickling at postmortem exam in the five patients reported does not constitute proof that intravascular sickling was pathogenic in the patient's death, for it is obvious that red cells from a patient with sickle trait will assume the sickled shape in the acidotic and hypoxic postmortem state.

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[“ABSTRACT” of the original article the LETTER refers to:]

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ANESTHETIC RISKS IN SICKLE CELL TRAIT

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Five Negro children with sickle cell trait died during or shortly after general anesthesia. Their ages were 18 months to 13 years. In four of the five cases sickle cell trait was undiagnosed and asymptomatic. In one, S-C hemoglobinopathy had been diagnosed previously. Four of the deaths were sudden, unexpected, and attributed to cardiac arrest of unknown cause. One was associated with massive hemorrhage and respiratory tract obstruction during surgery. Generalized sickling, widespread vascular occlusions by conglutinated erythrocytes and early parenchymal changes of hypoxia were found at autopsy, suggesting that massive intravascular sickling of red blood cells was present at the time of death and may have been the immediate cause. Circumstances known to promote sickling prevailed. Preoperative screening for sickle cell hemoglobin might have led to different management.

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