anesthesia to ablate the rise in pulmonary vascular resis-
tance associated with surgical stimuli is one of the primary
goals in anesthesia management of these patients, what was
the reason to use sevoflurane as a sole anesthetic agent in a
cardiac patient with persistent pulmonary hypertension, if
early postoperative extubation was not planned?

Conflicts of interest
The authors declare no conflicts of interest.

References
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Effects of lidocaine and magnesium sulfate in
attenuating hemodynamic response to orotracheal
intubation: a single-center, prospective, double blind,
randomized study

Os efeitos da lidocaína e do sulfato de
magnésio na atenuação da resposta
hemodinâmica à intubação orotraqueal:
estudo unicêntrico, prospectivo, duplamente
encoberto e aleatorizado

Dear Editor,

It was with great pleasure that I read the article "Effects
of lidocaine and magnesium sulfate in attenuating hemody-
namic response to orotracheal intubation: a single-center,
prospective, double blind, randomized study".1 Concerned
to clarify some points related to the statistical analy-
sis and conclusion; here are some considerations to the
authors:

1. The authors report a discrete statistical difference and
this does not allow the article’s reader to come to conclu-
sions: "There was a statistically significant increase in
SBP (p = 0.018) and DBP (p = 0.0467) values measured
post-Ti (Fig. 2), but of little clinical importance". The
values should have been demonstrated in text because,
as shown in Fig. 2, it is not possible to capture its
magnitude, so that the lack of clinical importance does
not represent absence of biological relevance;
2. The data were partially or totally analyzed over time,
and the patients were also submitted to anesthetics
in addition to the medications tested, which may be
in addition or not. It is known that magnesium sul-
fate has a prolonged clinical effect after venous use,
whereas lidocaine has a short protective effect com-
pared to magnesium. Thus, there are two factors that
must be considered in this statistical analysis: time and
treatment. The best statistical test to perform in this
situation is two-way ANOVA.2 The results analyzed
as they are in the text may be erroneously positive and
the possibility of a type I error in this research is clearly
perceived;
3. If the authors consider the use of the Student’s t test
as correct, or more appropriately in some cases the
Mann–Whitney U test, according to the text, they should
have corrected the p value with the procedure for mul-
tiple correction of hypothesis tests, instead of considering
only 5% as the level of significance in all analyzes. The
possibility of having a positive result in the statistical
analysis occurring at random is 5%. The p value correc-
tion would have reduced the probability of a random
occurrence of the statistical result. Thus, the possibility
of type I error in this research is clear;
4. The objective described by the authors was "to compare
the effects of intravenous administration of magnesium
sulfate versus lidocaine on this reflex hemodynamics
after laryngoscopy and orotracheal intubation". The
authors’ conclusion was "magnesium sulfate and lidico-
aïne have good efficacy and safety in hemodynamic
control during laryngoscopy and intubation", which is
not in line with the proposed objective. It is necessary
that the authors relate what were the efficacy variables
and also the safety variables so that the conclusion is
better understood. Noteworthy, the term efficacy should
generally be used in research whose execution conditions
are ideal, as with laboratory studies. This term should

DOI of refers to article:
http://dx.doi.org/10.1016/j.bjane.2015.08.004
also be reviewed by the authors, effectiveness is the term suggested;
5. Finally, I leave as a recommendation the observation to the authors that there are larger doses, equally safe and equally effective, that could have been tested in this clinical trial and increased the degree of information related to the topic.\(^1\)

I congratulate the authors for the brilliant initiative, while celebrating at the same time the possibility of creating this line of research in anesthesia in Brazil. Thank you for the opportunity to contribute to this topic.

Conflicts of interest

The author declares no conflicts of interest.

References


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Reply to the letter to the Editor\(^\star\)

Resposta à carta ao Editor

Dear Editor,

We thank Barbosa’s\(^1\) letter in which he appreciates our work and praises the study ’’Effects of lidocaine and magnesium sulfate in attenuating hemodynamic response to orotracheal intubation: a single-center, prospective, double-blind, randomized study’’ carried out in our service.\(^2\) For us, author and author’s guest to write this replay, it is only fair that we respond with attention to all questions, within our limitations:

(1) Question: The authors refer to a discrete statistical difference, which does not allow the reader to draw his own conclusions: ’’Group M had a statistically significant increase in SBP (\(p = 0.018\)) and DBP (\(p = 0.0467\)) post-OTI (Fig. 2), but of little clinical importance.’’ The values should be demonstrated in text because, as it is in Figure 2, it is not possible to capture the magnitude of them, so that the lack of clinical importance does not represent absence of biological relevance.

Table 1 Comparison of the mean ± standard deviation of blood pressure in mmHg at the different times of the study.

<table>
<thead>
<tr>
<th>SBP</th>
<th>Group L</th>
<th>Group M</th>
<th>(p)-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>139 ± 19.1</td>
<td>137.7 ± 17.7</td>
<td>0.8072</td>
</tr>
<tr>
<td>Post-MDZ</td>
<td>119.9 ± 15.5</td>
<td>123.5 ± 14.3</td>
<td>0.4055</td>
</tr>
<tr>
<td>CIP end</td>
<td>122.9 ± 17.7</td>
<td>120.9 ± 16.6</td>
<td>0.6657</td>
</tr>
<tr>
<td>Post-IND</td>
<td>90.9 ± 16.1</td>
<td>96.5 ± 16.3</td>
<td>0.1912</td>
</tr>
<tr>
<td>Post-OTI</td>
<td>119.5 ± 24.6</td>
<td>134 ± 24.6</td>
<td>0.0180*</td>
</tr>
<tr>
<td>3’ Post-OTI</td>
<td>108.1 ± 22.3</td>
<td>116.2 ± 16.2</td>
<td>0.1482</td>
</tr>
<tr>
<td>6’ Post-OTI</td>
<td>96.8 ± 17.3</td>
<td>105.9 ± 16.2</td>
<td>0.0520</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DBP</th>
<th>Group L</th>
<th>Group M</th>
<th>(p)-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>85.7 ± 12.6</td>
<td>84.6 ± 11.5</td>
<td>0.7680</td>
</tr>
<tr>
<td>Post-MDZ</td>
<td>75.4 ± 10.7</td>
<td>77.7 ± 10.2</td>
<td>0.4473</td>
</tr>
<tr>
<td>CIP end</td>
<td>79.6 ± 11.8</td>
<td>75.2 ± 15.1</td>
<td>0.2646</td>
</tr>
<tr>
<td>Post-IND</td>
<td>55.1 ± 11</td>
<td>57.3 ± 11.3</td>
<td>0.4956</td>
</tr>
<tr>
<td>Post-OTI</td>
<td>77 ± 19.9</td>
<td>87.4 ± 15.2</td>
<td>0.0467*</td>
</tr>
<tr>
<td>3’ Post-OTI</td>
<td>68.1 ± 18.3</td>
<td>70.4 ± 12.8</td>
<td>0.6189</td>
</tr>
<tr>
<td>6’ Post-OTI</td>
<td>59.6 ± 14.9</td>
<td>62.1 ± 11.6</td>
<td>0.5192</td>
</tr>
</tbody>
</table>

\(\star\) DOI of refers to article: http://dx.doi.org/10.1016/j.bjane.2015.08.004

\(\star\) Author’s reply to the Letter to the Editor: Effects of lidocaine and magnesium sulfate in attenuating hemodynamic response to orotracheal intubation: a single-center, prospective, double-blind, randomized study.

Regarding Item 1, it was really flawed, but not intentional, on our part to omit these data. The missing data are on Table 1.

(2) Question: Data were, in part or in whole, analyzed over time and patients also received anesthetics, in addition to the medications tested, which may be additional or not. It is known that magnesium sulfate has a prolonged clinical effect after venous use, whereas lidocaine has a...