To the Editor—I am perplexed by Lau et al’s article describing circulatory collapse after metoclopramide administration. Although a causative effect was suggested, the dose and rate of administration of the metoclopramide was not mentioned. The proposal that serotonin autoinhibition was a cause of the collapse, based on an animal study done to explain sudden infant death syndrome, is intriguing.

The authors also failed to elaborate on the uncommon but well-documented incidents of intravenous metoclopramide-induced asystole and/or hypotension. Impairment of the autonomic nervous system may be a common predisposing factor. When tested in nine adults with autonomic failure, an intravenous dose of 5 mg of metoclopramide consistently lowered systolic and diastolic blood pressures, starting at a mean of 33 seconds. Withington reported a 54-year-old man who developed complete heart block and asystole that lasted for 25 seconds after receiving 10 mg of metoclopramide post-pancreatectomy. Grenier and Drolet described a 66-year-old woman with diabetes who required external cardiac massage for asystole after receiving 10 mg of metoclopramide post-mastectomy. In a similar case reported by Bentsen and Stubhaug, cardiac arrest was ascribed to the rapid intravenous injection of metoclopramide via the central venous route.

Thus, the report by Lau et al reminds us that intravenous metoclopramide may occasionally cause serious consequences. A slow intravenous infusion over at least 2 minutes may be associated with fewer side-effects.

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References

Reading vintage news of 1909: change in prevalence of group B Streptococcus

To the Editor—We read the paper on change in the prevalence of group B Streptococcus (GBS), published in the December 2009 issue containing data collected in 2002, with as much excitement as reading about news that occurred 100 years ago! The authors did not even consider it prudent to update their epidemiology data and the reference list. They report an alarming 13-fold increase in the prevalence of GBS colonisation and early-onset GBS (9.45/1000 births) from 1992 to 2002. Yet recent data show that between 2004 and 2007, early-onset GBS in all Hospital Authority hospitals was around 1 (0.7-1.1) per 1000 births only. Any information, correct or not, is rendered valueless with the passing of time. Things have inevitably moved a long way since!

This absurdly out-of-date report begs the question: why was this paper not published in 2003 or 2004? Surely, if the study has a useful message, it...
should have been made public—the earlier the better. After all, local research should primarily aim to help local practitioners to provide optimal medical care. The reason for this time-lapse can only be speculated upon. Either the paper was hibernating and has been newly rediscovered or worse, it embarked on an arduous journey, passing through editors’ in-baskets at numerous overseas journals, waiting for acceptance (and thus acquiring better merit points for academic advancement) and finally, after a 7-year odyssey round the globe, it landed where its journey began: home.

We urge the editors of the Hong Kong Medical Journal to refrain from publishing outdated reports in the future.

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