tes, tout retard au diagnostic augmentant de façon notable la mortalité qui peut atteindre 100% [6]. Dans notre observation, l’amélioration a été rapide. Néanmoins, les comorbidités, quasi constantes chez un patient âgé, ont abouti à une décompensation de celles-ci au 12ème jour, confirmant la gravité extrême de cette pathologie.

Références


Management of labor pain with single dose spinal analgesia: Indonesian perspective

Gestion de la douleur du travail par simple dose d’analgésie : perspective indonésienne

Keywords: Labor pain; Labor analgesia; Spinal analgesia; Single dose; Obstetric anesthesia

Mots clés : Analgésie obstétricale ; Simple dose d’analgésie ; Douleur

Management of labor pain with single dose spinal analgesia with combination of morphine, bupivacaine, and clonidine although popular in Europe and North America [1,2] has not been previously studied in Indonesia. We herein present the results of the first such study in Indonesia.

Following Institutional Human Research Committee (IRB) approval 62 laboring women received single dose spinal anesthesia (27 G pencil point needle at the L3–4 or L4–5 interspace) with combination of morphine, 0.25 mg, bupivacaine, 2.5 mg, and clonidine, 45 μg for labor analgesia. Duration of labor analgesia, mode of delivery, side effects, and patients’ satisfaction were recorded.

The average duration of labor pain relief in our study group was 12 hours. The overall maternal satisfaction with labor analgesia was high (81% of patients were very satisfied). Ninety-four percent of patients delivered vaginally (normal spontaneous vaginal delivery in 66% of parturients and vacuum extraction in 28% of parturients). Six percent of patients required cesarean section for obstetric indications. Minor side effects of labor analgesia in our study group included nausea, pruritus and shivering. No complications (e.g. respiratory depression) were reported.

We concluded that single dose spinal analgesia with combination of morphine, 0.25 mg, bupivacaine, 2.5 mg, and clonidine, 45 μg can be safely (and effectively) used for pain control in labor in Indonesian women.

References


S. Chandra
Department of anesthesiology and intensive care, university of Indonesia, Jakarta, Indonesia

K.M. Kuczkowski*
Departments of anesthesiology and reproductive medicine, university of California San Diego (UCSD), medical center, 200, West Arbor Drive, 92103–8770 San Diego, CA, USA E-mail address: kkuczkowski@ucsd.edu (K.M. Kuczkowski).

Blood cells and fresh frozen plasma: upside down

Concentrés globulaires et plasma frais congelé : « sang » dessus-dessous

It’s always a great pleasure to receive the journal of the ‘Afar’ and to be in touch with a different point of view of anesthesiology.