

PROPOFOL-INDUCED PANCREATITIS

To the Editor:

Regarding the case report "Propofol-Induced Pancreatitis," published in the July 2004 issue of *Hospital Physician*: The widespread use of propofol in ICU settings may result in more case reports of newly discovered adverse effects associated with prolonged usage of the drug. I question the wisdom of using an ultra-short, ultra-rapid-acting, and ultra-expensive drug such as propofol for patients who will predictably remain mechanically ventilated for several days or longer. Although suitable as an anesthetic for a broad spectrum of procedures and as a sedative in critical care settings that require a rapidly titratable level of effect (eg, a need for frequent neurologic status examinations), it seems illogical as a choice for a critically ill patient who will remain intubated with no plans for weaning or extubation for at least the next 24 hours. One could

have predicted a rise in triglyceride levels in a patient with compromised organ perfusion receiving an infusion of a fat-based emulsion continually for 5 days, as was reported in this case.

There are other, less costly drugs, with proven pharmacodynamics and acceptable kinetic profiles, that are available for planned continual sedation of a critically ill patient for several days. I recommend consulting with the hospital's clinical pharmacist.

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Reference

1. Kesari M, Thomas S, Thomas T. Propofol-induced pancreatitis. *Hosp Physician* 2004;40(7):30-4.

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