The following full text is a publisher’s version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/25881

Please be advised that this information was generated on 2019-09-20 and may be subject to change.
References


A. C. Hauer
St. Bartholomew’s Hospital,
Medical College, Academic Department of Paediatric Gastro-enterology,
London, UK

H. Rosegger (ES) - J. Haas - E. Q. Haxhija
Department of Obstetrics and Gynaecology,
Auenbruggerplatz 14-36, A-8036 Graz, Austria
Tel.: 0043/316/385-2571, Fax: 0043/316/385-3212

B. A. Semmekrot
L. A. H. Monnens

A warning for the treatment of hyperkalaemia with salbutamol

Received: 8 October 1996 and in revised form: 12 November 1996 Accepted: 12 November 1996

Sir: With interest we read the article by Kemper et al. [3] on the treatment of acute hyperkalaemia in childhood by short-term intravenous infusion of salbutamol. Intra-venous [3, 4, 5] or endotracheal [1, 4, 6] administration of salbutamol for the treatment of hyperkalaemia has been reported earlier and is increasingly used in practice.

Kemper et al. [3] measured serum potassium concentrations at 30, 60, 90 and 120 min after the intravenous administration of salbutamol and indeed observed a significant and prolonged decrease.

We would like to draw attention to a recent paper [2] reporting the results of administration of salbutamol in the baboon. It appears that a short-lived increase in serum potassium concentrations of about 0.5 mmol/l is observed, before a prolonged decrease occurs, demonstrating an early rise in serum potassium, shortly after the administration of salbutamol. This hyperkaemic phase also occurs in man.

At high serum potassium concentrations, usually the case when salbutamol treatment is considered, an eventual increase could trigger serious cardiac dysrhythmias, such as ventricular fibrillation. We feel that treatment with salbutamol should not be advocated until additional information about the early response of serum potassium concentrations in the human is obtained. Since being aware of the studies in the baboon, we use only insulin and glucose for treating hyperkalaemia.

Michael Piccione
M. De Curtis
M. L. La Vecchia
A. Novissimo
P. Vajro

Hepatitis B and C infection in children with Down syndrome

Received: 6 October 1996 Accepted: 21 October 1996

Abbreviations HBV hepatitis B virus - HCV hepatitis C virus - HBSAg hepatitis B surface antigen

Sir: Down syndrome persons have an higher incidence of hepatitis B virus (HBV) chronic carriage [4]. Vaccination against HBV in these patients has proven effective both in adults and children. In the latter age group, however, data are still scanty [6]. In

References


B. A. Semmekrot
Department of Neonatology, University Hospital Nijmegen,
P.O. Box 9101 6500 HB Nijmegen, The Netherlands
Tel.: +31.24.3613936 Fax: +31.24.3619123

L. A. H. Monnens
Department of Paediatric Nephrology, University Hospital Nijmegen,
P.O. Box 9101 6500 HB Nijmegen, The Netherlands

M. Piccione
M. De Curtis
M. L. La Vecchia
A. Novissimo
P. Vajro

Hepatitis B and C infection in children with Down syndrome

Received: 6 October 1996 Accepted: 21 October 1996

Abbreviations HBV hepatitis B virus - HCV hepatitis C virus - HBSAg hepatitis B surface antigen

Sir: Down syndrome persons have an higher incidence of hepatitis B virus (HBV) chronic carriage [4]. Vaccination against HBV in these patients has proven effective both in adults and children. In the latter age group, however, data are still scanty [6]. In