
Transient phlebitis and propofol: déjà vu

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To the editor: It has been reported that the incidence of intravenous propofol-induced transient phlebitis (without clinical signs and symptoms of thrombosis at the end of surgery/anesthesia) is approximately 0.4% [1]. It is with interest that I read the recent report by Kinoshita et al. [2], describing an elderly surgical patient who developed transient phlebitis induced by an intraoperative intravenous bolus injection of propofol. I tend to agree with the authors that the incidence of this complication in the clinical practice of anesthesiology might be underreported. Indeed, in my practice of clinical anesthesia at the University of California, San Diego, I encountered an elderly fair-skinned Caucasian female patient who developed transient (approximately 10-15 min in duration) intravenous propofol-bolus-induced phlebitis on two occasions (moni-

tored anesthesia care for two consecutive eye surgeries 2 years apart). In both instances, an intravenous (bolus) injection of propofol (Diprivan 1% injectable emulsion 10mg·ml⁻¹ for intravenous injection; AstraZeneca, Wilmington, DE, USA) was given to facilitate peribulbar block performed by the ophthalmologist. No other medications were given on either occasion.

References

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2. Kinoshita H, Kakutani T, Minonishi T, Mizumoto K, Hatano Y (2006) Transient phlebitis induced by a bolus injection of propofol. *J Anesth* 20:74-75

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