www.anesthesiology.org

\Diamond	THIS MONTH IN ANESTHESIOLOGY	5A
♦	EDITORIAL VIEWS	
	Mallampati Classification, an Estimate of Upper Airway Anatomical Balance, Can Change Rapidly during Labor Shiroh Isono	347
	Impact of Analgesia on Bone Fracture Healing Peter Gerner and J. Patrick O'Connor	349
	Understanding Methadone Metabolism: A Foundation for Safer Use J. David Clark	351
	Preemptive Antihyperalgesia to Improve Preemptive Analgesia Guy Simonnet	352
	Circulating Progenitors in Lung Injury: A Novel Therapy for Acute Respiratory Distress Syndrome? Ellen L. Burnham CLINICAL INVESTIGATIONS	354
◇ •	Airway Changes during Labor and Delivery Bhavani-Shankar Kodali, Sobhana Chandrasekhar, Linda N. Bulich, George P. Topulos, and Sanjay Datta	357
	There are significant airway changes in women during labor and delivery. It is prudent to reexamine the airway just before initiation of anesthesia during the intrapartum or immediate postpartum period.	
•	Role of CYP2B6 in Stereoselective Human Methadone Metabolism Rheem A. Totah, Pamela Sheffels, Toni Roberts, Dale Whittington, Kenneth Thummel, and Evan D. Kharasch	363
	Stereoselective methadone metabolism in human liver microsomes is mainly mediated by CYP2B6, and CYP2B6 seems responsible for clinical methadone metabolism and clearance. This may have implications for methadone dosing and clinical outcome.	
\Diamond	Incidence and Risk Factors for Perioperative Adverse Respiratory Events in Children Who Are Obese Alan R. Tait, Terri Voepel-Lewis, Constance Burke, Amy Kostrzewa, and lan Lewis	375
	Anesthesiologists are now presented with a greater number of adult and pediatric patients who are significantly overweight. This prospective study examined the relationship between age adjusted body mass index, preoperative comorbidities, and perioperative outcome in children. Obese children had a significantly higher prevalence of comorbidities than nonobese children. Furthermore, obese children had a higher incidence of difficult mask ventilation, airway obstruction, major oxygen desaturation (>10% of baseline), and overall critical respiratory adverse events. Identification and awareness of risk factors for perioperative complications will be important in optimizing the anesthetic management of these children.	

Continued on page 10A

- ♦ Refers to This Month in Anesthesiology
 - Refers to Editorial Views

- See Web Site enhancement
- CME Article

Magnitude of the Second Gas Effect on Arterial Sevoflurane Partial Pressure Philip J. Peyton, Maryam Horriat, Gavin J. B. Robinson, Robert Pierce, and Bruce R. Thompson	
The second gas effect on arterial sevoflurane partial pressures is two to three times more powerful than the effect on end-expired partial pressures, because of inhomogeneity of distribution of blood flow and gas uptake in the lung.	
Quantitation of the Effect of Nitrous Oxide on Rocuronium Infusion Requirements Using Closed-loop Feedback Control Hanna Illman, Heikki Antila, and Klaus T. Olkkola	388
Nitrous oxide does not affect the infusion requirements of rocuronium.	
LABORATORY INVESTIGATIONS	
Autologous Transplantation of Endothelial Progenitor Cells Attenuates Acute Lung Injury in Rabbits	392
Chen-Fuh Lam, Yen-Chin Liu, Jen-Kuo Hsu, Pei-An Yeh, Ting-Ya Su, Chien-Chi Huang, Ming-Wei Lin, Ping-Ching Wu, Pei-Jung Chang, and Yu-Chuan Tsai	
This study demonstrates that transplantation of circulating endothelial progenitor cells improves endothelial function of the injured pulmonary artery and attenuates damage of alveolar-capillary barrier in acute lung injury.	
Transient Hyperglycemia Affects the Extent of Ischemia-Reperfusion—induced Renal Injury in Rats Ryutaro Hirose, Fengyun Xu, Kim Dang, Tao Liu, Matthias Behrends, Paul R. Brakeman, Jeanine Wiener-Kronish, and Claus U. Niemann	402
Transient hyperglycemia aggravates renal ischemia-reperfusion injury. Hyperglycemia that exists before and during ischemia-reperfusion causes more severe renal injury than hyperglycemia that occurs after the initiation of ischemia-reperfusion.	
Isoflurane Preconditioning Decreases Myocardial Infarction in Rabbits <i>via</i> Upregulation of Hypoxia Inducible Factor 1 That Is Mediated by Mammalian Target of Rapamycin	415
Jacob Raphael, Zhiyi Zuo, Suzan Abedat, Ronen Beeri, and Yaacov Gozal	
Isoflurane preconditioning increased hypoxia inducible factor-1 expression and activity. Inhibiting hypoxia inducible factor 1 by rapamycin abolished isoflurane-induced cardioprotection, suggesting that isoflurane preconditioning may be mediated <i>via</i> hypoxia inducible factor 1 and mammalian target of rapamycin signaling.	
Volatile Anesthetic Preconditioning Present in the Invertebrate Caenorhabditis elegans Baosen Jia and C. Michael Crowder	426
The volatile anesthetics halothane and isoflurane induce a delayed preconditioning protective response against hypoxic, azide, and thermal injury in the invertebrate <i>Caenorhabditis elegans</i> .	
Isoflurane Reduces Excitability of <i>Drosophila</i> Larval Motoneurons by Activating a Hyperpolarizing Leak Conductance David J. Sandstrom	434
Isoflurane-induced presynaptic inhibition in <i>Drosophila</i> motoneurons was studied using electrophysiology, genetics, and simulation. Simulations suggesting activation of a voltage-insensitive, hyperpolarizing current were supported by the presence of an isoflurane-activated leak in motoneuron somata.	

Continued on page 12A

Amnestic Concentrations of Sevoflurane Inhibit Synaptic Plasticity of Hippocampal CA1 Neurons through γ-Aminobutyric Acid–mediated Mechanisms Junko Ishizeki, Koichi Nishikawa, Kazuhiro Kubo, Shigeru Saito, and Fumio Goto	447
Amnestic concentrations of sevoflurane inhibit long-term potentiation of hippocampal CA1 neurons through γ -aminobutyric acid-mediated mechanisms and may thereby impair memory function.	
Dexmedetomidine Increases Hippocampal Phosphorylated Extracellular Signal-regulated Protein Kinase 1 and 2 Content by an α_2 -Adrenoceptor–independent Mechanism: Evidence for the Involvement of Imidazoline I1 Receptors Souhayl Dahmani, Andrea Paris, Virginie Jannier, Lutz Hein, Danielle Rouelle, Jens Scholz, Pierre Gressens, and Jean Mantz	45
Dexmedetomidine, an α_2 -adrenoceptor agonist, increases extracellular signal-regulated protein kinase 1 and 2 phosphorylation in the hippocampus. This effect is independent of α_2 adrenoceptors and is most likely to be mediated via the imidazoline I1 receptors.	
PAIN AND REGIONAL ANESTHESIA	
Mouse Model of Fracture Pain Vincent Minville, Jean-Michel Laffosse, Olivier Fourcade, Jean-Pierre Girolami, and Ivan Tack	46
The authors describe a new mouse model of fracture pain that could be useful to investigate mechanisms of pain in genetically modified animals.	
A Fracture Pain Model in the Rat: Adaptation of a Closed Femur Fracture Model to Study Skeletal Pain Katie T. Freeman, Nathan J. Koewler, Juan M. Jimenez-Andrade, Ryan J. Buus, Monica B. Herrera, Carl D. Martin, Joseph R. Ghilardi, Michael A. Kuskowski, and Patrick W. Mantyh	4 7.
The authors of this study characterize skeletal pain in a previously validated rat femur fracture model. This model may help to define the mechanisms driving skeletal pain and develop new therapies for treating fracture pain.	
Gabapentin Prevents Delayed and Long-lasting Hyperalgesia Induced by Fentanyl in Rats Alain C. Van Elstraete, Philippe Sitbon, Jean-Xavier Mazoit, and Dan Benhamou	48
Systemic and intrathecal gabapentin both prevent hyperalgesia induced by systemic administration of fentanyl in uninjured rats.	
Blood–Brain Barrier Transport Helps to Explain Discrepancies in <i>In Vivo</i> Potency between Oxycodone and Morphine Emma Boström, Margareta Hammarlund-Udenaes, and Ulrika S. H. Simonsson	49
The influence of blood-brain barrier transport on the pharmacokinetic-pharmacodynamic relations of oxycodone and morphine was investigated. Based on the same unbound concentration in blood, a sixfold higher concentration in brain was reached for oxycodone.	
REVIEW ARTICLE	
Metabolic Syndrome and Insulin Resistance: Perioperative Considerations Hema S. Bagry, Sreekrishna Raghavendran, and Franco Carli	50
This article provides a review of the pathophysiology, potential implications, and methods of modulation of perioperative insulin resistance and metabolic syndrome in surgical patients.	

Continued on page 14A

CLINICAL CONCEPTS AND COMMENTARY Diabetic Cardiomyopathy and Anesthesia: Bench to Bedside 524 Julien Amour and Judy R. Kersten The epidemiology, etiology, physiology, and perioperative management of diabetic cardiomyopathy are reviewed. CLASSIC PAPERS REVISITED The Invention and Development of Enflurane, Isoflurane, Sevoflurane, and Desflurane 531 This article is a revisiting of original material published as: Terrell RC, Speers L, Szur AJ, Treadwell J, Ucciardi TR: General anesthetics: 1. Halogenated methyl ethyl ethers as anesthetic agents. J Med Chem CASE REPORT Chronic Back Pain Secondary to a Calcified Epidural Blood Patch 535 Dafna Willner, Charles Weissman, and Micha Y. Shamir CORRESPONDENCE **Epiduroscopy and Epidural Steroid Injections** 538 Douglas G. Merrill, James P. Rathmell, and Richard W. Rosenquist In Reply James E. Heavner and Hemmo A. Bosscher Nitrous Oxide and Evidence-based Medicine: Here We Go Again 538 Marek A. Mirski and Allan Gottschalk Nitrous Oxide or Nitrogen Effect James S. Dawson and Jonathan G. Hardman Nitrous Oxide Remains a Valuable Adjuvant for Surgery Paul F. White and Ronald H. Wender Nitrous Oxide: Time to Laugh It Off? Not Quite Deepak Sharma and Hari H. Dash Nitrous Oxide and Supplementary Oxygen: Let's Give Moderation a Chance Gonzalo Tornero-Campello Explanatory versus Pragmatic Trials? The Methods Make the Difference Paul Merckx, Catherine Paugam-Burtz, Sandrine Boudinet, Agnes Bonnet, and Jean Mantz In Reply

Continued on page 15A

Paul S. Myles, Kate Leslie, Matthew T. V. Chan, Andrew Forbes, Michael J. Paech, Philip Peyton, Brendan S.

Silbert, and Elaine Pascoe

REVIEWS OF EDUCATIONAL MATERIAL	545
CORRECTION	546
ANNOUNCEMENTS	547
AWARDS	548
ANESTHESIOLOGY CME PROGRAM	549
CLASSIFIED ADS	A32

INSTRUCTIONS FOR AUTHORS

The most recently updated version of the Instructions for Authors is available at www.anesthesiology.org. Please refer to the Instructions for the preparation of any material for submission to Anesthesiology.

ANESAV is a code word ("coden") used by the Chemical Abstract Service to identify the journal.

Manuscripts submitted for consideration for publication must be submitted in electronic format. The preferred method is via the Journal's Web site (http://www.anesthesiology.org). Manuscripts may also be submitted via e-mail attachment (editorial-office@anesthesiology.org) if authors experience difficulty with the Journal's Web site submission process. Detailed directions for submissions and the most recent version of the Instructions for Authors can be found on the Web site (http://www.anesthesiology.org). Books and educational materials should be mailed to Mark A. Warner, M.D., Department of Anesthesia, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Requests for permission to duplicate materials published in Anesthesiology should be submitted in electronic format, to the Editorial Office (editorial-office@anesthesiology.org). All articles accepted for publication are done so with the understanding that they are contributed exclusively to this Journal and become the property of the American Society of Anesthesiologists, Inc. Statements or opinions expressed in the Journal reflect the views of the author(s) and do not represent official policy of the American Society of Anesthesiologists unless so stated. Advertising and related correspondence should be addressed to Advertising Manager, Anesthesiology, Lippincott Williams & Wilkins, 530 Walnut Street, Philadelphia, Pennsylvania 19106 (Web site: http://www.lww.com/advertisingratecards/). Publication of an advertisement in Anesthesiology with respect to the product or service.