www.anesthesiology.org

\Diamond	THIS MONTH IN ANESTHESIOLOGY	9A
•	EDITORIAL VIEWS	
	Can Attenuation of the Perioperative Stress Response Prevent Intermediate or Long-term Cardiovascular Outcomes among Patients Undergoing Noncardiac Surgery? P. J. Devereaux	223
	Closing the Doors of Perception Jamie Sleigh	227
	Is Anesthesiology Going Soft? Trends in Fragile Pharmacology Talmage D. Egan	229
	PERIOPERATIVE MEDICINE	
*	Desflurane Selectively Suppresses Long-latency Cortical Neuronal Response to Flash in the Rat Anthony G. Hudetz, Jeannette A. Vizuete, and Olga A. Imas	231
◇ •	Desflurane at increasing inhaled concentrations from 2% to 8% selectively suppresses the long-latency response of visual cortical neurons to flash stimulation while the middle latency neuronal response is preserved. Methoxycarbonyl-etomidate: A Novel Rapidly Metabolized and Ultra—short-acting Etomidate Analogue that Does Not Produce Prolonged Adrenocortical Suppression Joseph F. Cotten, S. Shaukat Husain, Stuart A. Forman, Keith W. Miller, Elizabeth W. Kelly, Hieu H. Nguyen,	240
	These investigators studied the pharmacology of (R)-3-methoxy-3-oxopropyl1-(1-phenylethyl)-1H-imidazole-5-carboxylate (MOC-etomidate), an etomidate analogue designed to be susceptible to ultrarapid metabolism in experimental animals. MOC-etomidate potently enhanced γ-aminobutyric acid type A receptor function and produced loss of righting reflex. Metabolism was first order with an <i>in vitro</i> half-life of 4.4 min <i>versus</i> more than 40 min for etomidate. MOC-etomidate produced rapid and extremely brief loss of righting reflex and caused minimal hemodynamic changes. Unlike etomidate, MOC-etomidate produced no adrenocortical suppression 30 min after bolus administration. MOC-etomidate retains etomidate's important favorable pharmacologic properties, is ultra-short-acting, and does not produce prolonged adrenocortical suppression after bolus administration.	
	Simultaneous Measurement of Cardiac Troponin I, B-type Natriuretic Peptide, and C-reactive Protein for the Prediction of Long-term Cardiac Outcome after Cardiac Surgery Jean-Luc Fellahi, Jean-Luc Hanouz, Yannick Le Manach, Xavier Gué, Emmanuel Monier, Louis Guillou, and Bruno Riou	250
	Simultaneous measurement of postoperative cardiac troponin I, B-type natriuretic peptide, and C-reactive protein improve the risk assessment of long-term adverse cardiac outcome after cardiac surgery.	

Continued on page 14A

Expression of Signal Transduction Genes Differs after Hypoxic or Isoflurane Preconditioning of Rat Hippocampal Slice Cultures Philip E. Bickler and Christian S. Fahlman	258
In rat hippocampus, preconditioning with noninjurious hypoxia or 1% isoflurane similarly reduces cell death after simulated ischemia. The gene response is divergent, with hypoxia inducing pro-survival genes and isoflurane increasing genes related to cell development/differentiation.	
Anesthetic-induced Preconditioning Delays Opening of Mitochondrial Permeability Transition Pore <i>via</i> Protein Kinase C-ε-mediated Pathway Danijel Pravdic, Filip Sedlic, Yasushi Mio, Nikolina Vladic, Martin Bienengraeber, and Zeljko J. Bosnjak	267
Protein kinase C-ε mediates isoflurane-induced delay in mitochondrial permeability transition pore opening.	
Intensity of Extremely Low-frequency Electromagnetic Fields Produced in Operating Rooms during Surgery at the Standing Position of Anesthesiologists	275
Jang Ho Roh, Deok Won Kim, Sung Jin Lee, Ji Young Kim, Sung Won Na, Seung Ho Choi, and Ki Jun Kim	
Anesthesiologists are overexposed to extremely low-frequency electromagnetic fields by more than 2 mG for more than 70% of their working time.	
Beneficial Effect of Propofol on Arterial Adenosine Triphosphate-sensitive K ⁺ Channel Function Impaired by Thromboxane Masanori Haba, Hiroyuki Kinoshita, Naoyuki Matsuda, Toshiharu Azma, Keiko Hama-Tomioka, Noboru Hatakeyama, Mitsuaki Yamazaki, and Yoshio Hatano	279
Thromboxane A_2 induces oxidative stress via nicotinamide adenine dinucleotide phosphate oxidase, resulting in the impairment of vascular adenosine triphosphate-sensitive K^+ channel function. Propofol reduces this oxidative stress via inhibition of nicotinamide adenine dinucleotide phosphate oxidase and, therefore, restores adenosine triphosphate-sensitive K^+ channel function.	
End-tidal Sevoflurane and Halothane Concentrations during Simulated Airway Occlusion in Healthy Humans Nick P. Talbot, Andrew D. Farmery, and Keith L. Dorrington	287
This laboratory study simulated airway occlusion during inhalational induction of anesthesia and showed that the end-tidal concentration of the more blood- and tissue-soluble agent halothane declined faster than that of the less soluble agent sevoflurane.	
Analysis of Memory Formation during General Anesthesia (Propofol/Remifentanil) for Elective Surgery Using the Process-dissociation Procedure Daniel A. Hadzidiakos, Nadja Horn, Roland Degener, Axel Buchner, and Benno Rehberg	293
The interpretation of data obtained using the process-dissociation procedure concerning memory for information presented during general anesthesia depends on the measurement model used. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
Anesthesia for Cesarean Delivery and Learning Disabilities in a Population-based Birth Cohort	302
Juraj Sprung, Randall P. Flick, Robert T. Wilder, Slavica K. Katusic, Tasha L. Pike, Mariella Dingli, Stephen J. Gleich, Darrell R. Schroeder, William J. Barbaresi, Andrew C. Hanson, and David O. Warner	
Exposure to general anesthesia during Cesarean delivery was not associated with development of learning disabilities, however, children born with Cesarean delivery and regional anesthesia had lower rate of learning disabilities.	

\Diamond	Prognostic Value of Brain Natriuretic Peptide in Noncardiac Surgery: A Meta-analysis	311
	Alisdair D. S. Ryding, Saurabh Kumar, Angela M. Worthington, and David Burgess	
	Preoperative measurement of plasma brain natriuretic peptide predicts mortality and major adverse cardiovascular events after noncardiac surgery.	
	Performance Improvement System and Postoperative Corneal Injuries: Incidence and Risk Factors	320
	David P. Martin, Toby N. Weingarten, Paul W. Gunn, KunMoo Lee, Michael A. Mahr, Darrell R. Schroeder, and Juraj Sprung	
	Introduction of Performance Improvement program to advance perioperative eye care was associated with decline in corneal injury rates. Further rate reduction may be achieved by improvement in education regarding eye protection among student nurse anesthetists. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
\Diamond (Moderate Exposure to Allogeneic Blood Products Is Not Associated with Reduced Long-term Survival after Surgery for Coronary Artery Disease William M. Weightman, Neville M. Gibbs, Matthew R. Sheminant, Mark A. J. Newman, and Dianne E. Grey	327
	After taking preoperative risk factors into account, patients who were transfused moderate amounts of blood during isolated, first-time, coronary artery surgery did not have reduced long-term survival. SUPPLEMENTAL DIGITAL CONTENT IS AVAILABLE IN THE TEXT	
	Supraclavicular Approach Is an Easy and Safe Method of Subclavian Vein Catheterization Even in Mechanically Ventilated Patients: Analysis of 370 Attempts Tomasz Czarnik, Ryszard Gawda, Tadeusz Perkowski, and Rafal Weron	334
	Subclavian venous catheterization <i>via</i> the supraclavicular approach is an excellent method of central venous access, even in mechanically ventilated patients. The procedure success rate and the significant complication rate are comparable to other techniques of central venous catheterization.	
	General Anesthesia Increases Temporal Precision and Decreases Power of the Brainstem Auditory-evoked Response-related Segments of the	
	Electroencephalogram Bertram C. A. Scheller, Michael Daunderer, and Gordon Pipa	340
	Early single-sweep auditory-evoked activity decreases in power and increases in phase stability as an effect of general anesthesia.	
	CRITICAL CARE MEDICINE	
	Influence of Vancomycin on Renal Function in Critically Ill Patients after Cardiac Surgery: Continuous <i>versus</i> Intermittent Infusion Doris Hutschala, Christian Kinstner, Keso Skhirdladze, Florian Thalhammer, Markus Müller, and Edda Tschernko	356
	The intermittent and also the continuous application modality of vancomycin are associated with deterioration of renal function in critically ill patients. However, continuous infusion of vancomycin showed the tendency to be less nephrotoxic.	

\Diamond	Oxygen Tissue Saturation Is Lower in Nonsurvivors than in Survivors after Early Resuscitation of Septic Shock Marc Leone, Sami Blidi, François Antonini, Bertrand Meyssignac, Sébastien Bordon, Frédéric Garcin, Aude Charvet, Valéry Blasco, Jacques Albanèse, and Claude Martin	366
	The assessment of microcirculation impairment is a key element in septic shock. This study shows that a value of tissue oxygen saturation below 78% after an early resuscitation is associated with an increased mortality in septic shock patients.	
	PAIN MEDICINE	
	Lumbar Sympathetic Blockade in Children with Complex Regional Pain Syndromes: A Double Blind Placebo-controlled Crossover Trial Petra M. Meier, David Zurakowski, Charles B. Berde, and Navil F. Sethna	372
	In a randomized controlled trial of children with Complex Regional Pain Syndrome, lumbar sympathetic blockade produced significant reduction of verbal pain scores and allodynia to brush and temporal summation compared with treatment with intravenous lidocaine.	
	Axotomy Depletes Intracellular Calcium Stores in Primary Sensory Neurons Marcel Rigaud, Geza Gemes, Paul D. Weyker, James M. Cruikshank, Takashi Kawano, Hsiang-En Wu, and Quinn H. Hogan	381
	Axotomy of primary sensory neurons reduces endoplasmic reticulum Ca ²⁺ stores sensitive to ryanodine receptor activation, sarco-endoplasmic reticulum ATPase blockade, or Ca ²⁺ ionophore application. Endoplasmic reticulum Ca ²⁺ concentration is also reduced by injury.	
	Depletion of Calcium Stores in Injured Sensory Neurons: Anatomic and Functional	
	Correlates Geza Gemes, Marcel Rigaud, Paul D. Weyker, Stephen E. Abram, Dorothee Weihrauch, Mark Poroli, Vasiliki Zoga, and Quinn H. Hogan	393
	Anatomic loss of endoplasmic reticulum contributes to diminished Ca ²⁺ stores in injured primary sensory neurons, causing diminished Ca ²⁺ -induced Ca ²⁺ release and neuronal hyperexcitability.	
	REVIEW ARTICLES	
	Clonidine as an Adjuvant to Local Anesthetics for Peripheral Nerve and Plexus Blocks: A Meta-analysis of Randomized Trials Daniel M. Pöpping, Nadia Elia, Emmanuel Marret, Manuel Wenk, and Martin R. Tramèr	406
	Clonidine added to intermediate or long-acting local anesthetics for single-shot peripheral nerve or plexus blocks prolongs duration of analgesia and motor block by about 2 h but increases the risk of hypotension, fainting, and sedation.	
	Intravenous Infusion Tests Have Limited Utility for Selecting Long-term Drug Therapy in Patients with Chronic Pain: A Systematic Review Steven P. Cohen, Shruti G. Kapoor, and James P. Rathmell	416
	Intravenous infusion tests were found to have limited utility for predicting long-term treatment response with oral or transdermal analogues.	

	CLINICAL CONCEPTS AND COMMENTARY	
	Anesthesia for Noncardiac Surgery in Adults with Congenital Heart Disease Maxime Cannesson, Michael G. Earing, Vincent Collange, and Judy R. Kersten	432
	For the first time in history, the number of adults with congenital heart disease exceeds that of children. Many of these patients will require noncardiac surgery. The perioperative implications are reviewed.	
	CASE REPORTS	
	Physical Examination Trumps Mediastinoscopy in Diagnosing Maffucci Syndrome: A Rare Cause of Mediastinal Mass Guy L. Weinberg, David B. Hiller, Sophy Zheng, and Cord Sturgeon	441
	CORRESPONDENCE	
	Three Editorials—Three Historical Allusions Raymond C. Roy	443
	In Reply Beverley A. Orser	
_	In Reply Andrew Davidson	
	The Aged Erythrocyte: Key Player in Cancer Progression, but Also in Infectious and Respiratory Complications of Blood Transfusion? Alexander P. J. Vlaar, Dirk de Korte, and Nicole P. Juffermans	444
	Patient Blood Management and Transfusion Guillaume de Saint Maurice, Francois Pequignot, Yves Auroy, Albertine Aouba, Dan Benhamou, Eric Jougla, and André Lienhart	
	In Reply Donat R. Spahn, Holger Moch, Axel Hofmann, and James P. Isbister	
	Success Rate of Orotracheal Intubation <i>via</i> GlideScope [®] <i>versus</i> Direct Laryngoscopy in Manikin-Only–Trained Medical Personnel Mirsad Dupanovic	446
	In Reply Parichehr Nouruzi-Sedeh, Mark Schumann, and Harald Groeben	
	Propofol and Cardioprotection against Arrhythmias Luca Siracusano and Viviana Girasole	447
	In Reply Naoyuki Hirata and Noriaki Kanaya	
	Limitations Associated with the Analysis of Data from Administrative Databases Stavros G. Memtsoudis	449
	Administrative Databases: Are They Useful for Clinical Analyses? Marilyn Green Larach, Barbara W. Brandom, Gregory C. Allen, Gerald A. Gronert, and Erik B. Lehman	
	In Reply Eric B. Rosero, Adebola O. Adesanya, Carlos H. Timaran, and Girish P. Joshi	

	Detecting the Etiologies of Acute Airway Obstruction Associated with the Laryngeal Mask Airway Supreme TM Irene P. Osborn, Elizabeth C. Behringer, Richard M. Cooper, and Chandy Verghese	451
	In Reply Lorenz G. Theiler, Maren Kleine-Brueggeney, and Robert Greif	
	Hypothermia Should Also Have Been Considered to Be a Predictor of Adverse Perioperative Cardiac Events Jonathan V. Roth	453
_	In Reply Sachin Kheterpal and Kevin K. Tremper	
	Retropharyngeal Carotid Artery: An Important Anatomic Variation for the Anesthesiologist Catherine Marcucci, Pamela Thomas, and Duane A. Sewell	454
	ANESTHESIOLOGY REFLECTIONS	
	Withering and the Foxglove George S. Bause	278
	The Infant Lungmotor George S. Bause	371
	St. Jacob's Oil George S. Bause	405
	REVIEWS OF EDUCATIONAL MATERIAL	456
	ANNOUNCEMENT	459
	CLASSIFIED ADS	460

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). 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 Permissions Department (journalpermissions@lww.com). 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 does not constitute endorsement by the Society or Lippincott Williams & Wilkins, Inc. of the product or service described therein or of any representations made by the advertiser with respect to the product or service.