Author's response to reviews

Title: Convulsions during a cataract surgery under peribulbar anesthesia: A case report.

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Author's response to reviews: see over
Responses to comments

Manuscript: Convulsions during a cataract surgery under peribulbar anesthesia: A case report.

I am really thankful for your appealing comments and I would like also to converge toward the different remarks that you have mentioned. We tried to take them into account in the revised manuscript.
You will find in this document, reviewers comments that are written in red, our answers are written in black

Reviewer's report

Reviewer: Abdul Qayoom DAR
Comments:
I have gone through this manuscript and found many grammatical mistakes. However, there is nothing new in this case report as inadvertent intravascular injection of local anesthetic drugs such as bupivacaine and lignocaine are known to produce convulsions. The reason for High Blood Pressure of 209/115 mmHg is not explained at all on the basis of the mechanism as BRAIN STEM ANAESTHESIA. It produces apnea and respiratory arrest rather than convulsions and hypertension. The authors believe the extension of local anesthetic to produce brain stem anesthesia as the mechanism but I think it is highly likely that intrarterial injection is the mechanism.

Response:
In our case, hypertension was the first clinical sign appeared followed by convulsions. Arguments opposing of intravascular injection were: a long time between injection and symptoms, negativity of aspiration test, no metallic taste in the mouth, ringing in the ears ...and late recuperation of spontaneous ventilation (One hour and half).

Arguments in favor of intravascular injection: presence of convulsions, negativity of test aspiration not exclude completely of intravascular injection

Arguments in favor of brain stem anesthesia were: Time between injection and
the onset of clinical symptoms (hypertension) and the delay between the complication and recuperation of spontaneous ventilation.

Arguments opposing of brain anesthesia were: Absence of respiratory depression

We cannot exclude any of these mechanisms because we have not measured the concentrations of local anesthetics in the blood and cerebrospinal fluid. However, brain stem anesthesia seems the most likely mechanism.

Whatever the mechanism, the authors wanted to attract the attention of practitioners on the risks of complications during the LRA, need for standard monitoring, the availability of intralipid and the presence of anesthetists in blocks of ophthalmic surgery.

**Reviewer:** Rakesh Garg  
**Comments:** 
The authors have reported a case of cataract surgery who had multiple comorbidities. After peribulbar block, patient had hypertensive episode requiring pharmacological management and then had cardiorespiratory compromise. The authors have nicely discussed various causes. It would be beneficial to readers if role of such complications due to oculo-cardiac reflex may further be added. It will be also useful, if authors may insert a table depicting some causes and its management, precautions.

**Response:** 
Requested changes are made.

Effectively, cardiac ocular reflex may be accompanied by bradycardia, arrhythmia, cardiac arrest hypoxia and seizures.