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Significantly prolonged spinal anesthesia with the addition of Dexamethasone: A case report

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A 35-year old female patient with right upper tibial chondrosarcoma was planned to undergo excision and reconstruction with a free vascularised fibular graft. The patient had no significant past medical history. We gave spinal anesthesia, to be continued with general anesthesia after regression of the sensory level. After 3 hours, we evaluated the patient for the second time to find sensory block at T10 level. It was decided to carry out these evaluations hourly and wait for general anesthesia. 10 hours after the spinal anaesthesia, the sensory block was still at T10 level. After 13 hours the surgical procedure was finished and the sensory block was still at T10 level, and the motor block according to the Bromage scale remained at grade 4. A computed CT was performed and revealed neither signs of spinal compression, spinal canal stenosis nor other anomalies (MRI was unavailable). A complete motor and sensory recovery from the spinal block was observed 20 h after spinal anesthesia.

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Using routinely collected electronic healthcare data for safety evaluation of drugs: Lessons learned

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Routinely collected data include a wide variety of data sources such as electronic medical records (EMR), hospital and outpatient claims databases, pharmacy dispensing, laboratory exam, genetic data and patient reported databases as well as the data gathered through connected devices such as glucometers. Good understanding of the value and caveats of each type of data can help a better selection of data sources for research and avoiding bias. To present lessons learned and return of experience on different categories of databases and discuss on usages, data collection methods, strengths and weaknesses of each data. Generating evidence form real world data involves using a variety of data sources. Unlike the data gathered through clinical trials, the real world data sources are numerous and heterogeneous. Although there is growing interest for the use of routinely collected data in pharmacoepidemiology, the experience with some types of data such as dispensing data and prescription-diagnosis surveys is very limited in pharmacoepidemiology whereas they can provide useful insights on the appropriate use of drugs and the assessment of risk minimization measures. The methods of data collection for each type of database will be explained. Using examples from their real life practice, the speaker will discuss on the common caveats of different types of data sources and the potential biases related to their use, as well as strategies to avoid them. They will also address how to combine and link different types of data.

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