induce respiratory depression, we imply its special usefulness while weaning a patient from a ventilator. However, in order to determine the exact role of DEX in paediatric care, further prospective studies are required.

ACKNOWLEDGEMENTS

1. The authors declare no financial disclosure.
2. The authors declare no conflict of interest.

References:

Corresponding author:
Prof. Andrzej Piotrowski, MD, PhD
Department of Anaesthesiology and Intensive Care
Children’s Memorial Health Institute, Warsaw
Al. Dzieci Polskich 20, 04−730 Warszawa, Poland
e-mail: andrzej-oiom@wp.pl

Acute postoperative pain in children

Marcin Rawicz
Warsaw Children’s Hospital, Poland

Editor,

The September issue of “Anaesthesiology Intensive Therapy” 2014 [1] featured the guidelines for acute postoperative pain management. The authors deserve recognition for this in-depth and meticulous work, which, however, regards predominantly adult patients.

The issue of pain management in children is difficult and neglected in Poland, mainly due to unavailability of drugs that can be used during this period of life. The authors address this issue in passing; they do not provide approval limitations in tables yet do not discuss the problem more extensively in the guidelines. At present, morphine, paracetamol, oral ibuprofen and nalbuphine are available for children below the age of puberty (excluding fentanyl and sufentanil, the agents that can be administered only under intense surveillance, as aptly stressed by the authors). According to the guidelines, naproxen is approved for children above the age of 5 years, which is incorrect, as it can be applied in this age group only in juvenile rheumatoid arthritis; the remaining indications (postoperative pain included) approve its use above the age of 16 years. Poltram, a tramadol preparation available in Poland, is not approved for children below the age of 12 years (only tramal Stada Artzneimittel can be administered intravenously to children above the age of 1 year) [2]. This is the entire arsenal of drugs, excluding pethidine, approved for use at any age but currently not recommended due to convulsogenic action of the metabolite — norpethidine [3].

Considering the above, it is surprising that block analgesia has been completely omitted neglected in the guidelines of acute postoperative pain management, discussed in detain in the “adult” part of recommendations; the method is used worldwide and meticulously discussed in the works cited by the authors [4, 5] and in the paper by Vergheese i Hannallah [6]. Peripheral and central blockades are an invaluable complement to our practice, particularly since the introduction of ultrasound-guided procedures, and it is difficult to imagine any modern practice of a paediatric anaesthesiologist without their use for postoperative pain management. Unlike

Anesthesiology Intensive Therapy 2015, vol. 47, no 3, 264−265
ISSN 0209−1712
10.5603/AIT.2015.0039
www.ai.tviamedica.pl
systemic analgesics, local analgesics (lidocaine, bupivacaine and ropivacaine) have been approved for paediatric use; the techniques are simple and the complications rare. We do hope that the editorial team finds it worthy to supplement the next edition with the guidelines for postoperative pain management in children, which for unknown reasons were neglected in the recommendations published in September.

ACKNOWLEDGEMENTS
1. The authors declare no financial disclosure.
2. The authors declare no conflict of interest.

References:
2. www.lekinfo24.pl

Corresponding author:
Marcin Rawicz, MD
Warsaw Children’s Hospital
ul. Kopernika 43, 00–328 Warszawa, Poland
e-mail: marcin.rawicz@wsdz.pl

Reply:
Hanna Misiolek1, Maciej Cettler2, Jarosław Woroń3, Jerzy Wordliczek4, Jan Dobrogowski5, Ewa Mayzner-Zawadzka6
1Department of Anaesthesiology and Intensive Therapy, Faculty of Medicine with Division of Dentistry in Zabrze, Medical University of Silesia in Katowice, Poland
2Department of Paediatric Anaesthesiology and Intensive Therapy, Regional Hospital in Toruń, Poland
3Department of Pain Management and Palliative Care, Department of Clinical Pharmacology, Collegium Medicum, Jagiellonian University in Cracow, Poland
4Department of Pain Management and Palliative Care, Collegium Medicum, Jagiellonian University in Cracow, Poland
5Department of Pain Research and Therapy, Chair of Anaesthesiology and Intensive Therapy, Collegium Medicum, Jagiellonian University in Cracow, Poland
6Chair of Anaesthesiology and Intensive Therapy, Faculty of Medical Sciences, University of Warmia and Mazury in Olsztyn, Poland

To the Editor,

Replying Dr Marcin Rawicz, we would like to thank him for his words of recognition for our work and for valuable comments and criticism, showing interest in this important clinical issue, i.e. acute pain management in children. As rightly emphasised by the author, paediatric acute pain management is not free of limitations, mainly due to unavailability of many drugs and restrictions of their use in accordance with therapeutic product characteristics.

The guidelines for postoperative pain management of 2014 are just the second edition of recommendations, in which the authors put much effort into sorting out the pain management in children during the postoperative period. In our opinion, considering the number of publications gathered and the amount of effort put to adapt them into the protocols of pain management guidelines for Polish readers, we had the impression that the quality of the product prepared was improved. However, nothing verifies our work as objectively as the readers’ opinions, since they evidence readership combined with exploration of details, the guidelines are full of.

However, answering Dr Rawicz, I have to dispute such a severe allegation, “it is surprising that block analgesia was completely neglected in the guidelines of acute postoperative pain management…” The guidelines evidently state that peripheral and central blockades are recommended for all three categories of procedures, as a method of acute pain relief (wound injections, para-vertebral, epidural and subarachnoid blockades as well as blockades of peripheral nerves). In the part devoted to pain management in children, we did not discuss the action of individual drugs or methods used in detail, mainly to avoid inessential repetitions. Nevertheless, the suggestions of Dr Rawicz to widen considerably the subject matter of regional blockades in paediatric acute pain management will be taken into consideration in the next edition of guidelines.

To the Editor,