
Parkinsonian crisis for emergency laparotomy: Revisited

R Sharma

Citation

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Abstract

Dear Editor,

I read with interest the case report titled “Parkinsonian crisis for emergency laparotomy: A case report” by Kohli et al ¹ with interest. I congratulate the authors for their well managed case. However there are some fundamental discrepancies in the case report itself.

According to the authors, “Enteral Levodopa has a clear advantage over intravenous levodopa and should be preferred. Treatment with intravenous levodopa alone may be dangerous during general anaesthesia because of interactions with anaesthetic agents.”

But to the best of my literature search only enteral preparations of levodopa are available till date. The authors need to specify the source of their information regarding the

availability of parenteral levodopa.

In case of crisis in a Parkinson’s patient, Apomorphine is also useful. It is a short-acting dopamine agonist that is administered subcutaneously or sometimes sublingually or intranasal ². An important side-effect is nausea and vomiting, but with the concurrent use of domperidone it may be well tolerated. It is particularly useful administered as an infusion to smooth out motor fluctuations or rescue patients from ‘off’ periods. However, it is not widely available.

Further, I would like to draw the attention of readers to my recent article which reports association of jaw rigidity in a Parkinsonian patient which was successfully reversed with levodopa therapy ³.

References

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