



LETTER TO THE EDITOR

Comment on: Effect of magnesium sulfate with ketamine infusions on intraoperative and postoperative analgesia in cancer breast surgeries: a randomized double-blind trial



Dear Editor

To begin, we would like to congratulate Hassan and Mahran for their well-conducted research featured recently in the *Brazilian Journal of Anesthesiology*. While the meticulously double-blinded randomized trial outlines a reduced intraoperative and postoperative opioid consumption with the addition of magnesium sulfate to ketamine infusion in patients undergoing breast cancer surgeries,¹ certain points mandate elucidation to extend a clinical perspective to the authors' findings. Firstly, the index study relies on the hemodynamic parameters as surrogates for intraoperative nociception and hence, fentanyl administration. Alongside the debatable sensitivity and specificity of the former in nociception monitoring,^{2,3} the matter is compounded by the lack of comparative account of hypertensives in the two study groups (albeit, the authors describe uncontrolled hypertension as an exclusion criterion). Secondly, the authors fail to present any details on whether or not any form of depth of anesthesia monitoring was employed. Thirdly, the comparable postoperative pain and sedation scores between the two groups are difficult to explain, in background of a substantially lower postoperative morphine requirement and/or consumption in the magnesium sulfate + ketamine group as opposed to the ketamine alone group.¹ Lastly, while the ability of the study to detect any statistically meaningful differences in chronic pain could

have been precluded by a small sample size, the incorporation of patient satisfaction and/or postoperative recovery would have added incremental value.

Conflicts of interest

The authors declare no conflicts of interest.

References

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