

Commentary on “An appraisal of neostigmine versus sugammadex for neuromuscular blockade reversal in patients with a prior heart transplant”

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Dear Editor,

The article by Paredes *et al.* [1] is interesting and has intrigued us. With the increasing number of cardiac transplants worldwide, this article presents a meaningful conclusion. There is a lot of recent evidence suggesting that the incidence of post-operative pulmonary complications (POPC) is lower with the use of sugammadex as compared to neostigmine [2, 3]. Pulmonary complications are frequent after cardiac transplant [4], and it is not illogical to assume that post-cardiac transplant patients may be prone to develop POPC. Renal impairment is another common setback in the post-transplant period in these patients [5]. Were both the groups comparable in terms of renal and pulmonary status? Although sugammadex has been safely used in patients with end-stage renal disease, the safety profile in this subgroup is yet not fully established [6]. Is it possible that the associated renal dysfunction has contributed to a longer length of stay in these patients? Do the authors have the data to compare the incidence of POPC between sugammadex and neostigmine groups? We again congratulate them for this invaluable finding. The additional analysis, in our opinion, would make the article still more resourceful.

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