role of alfentanil with or without propofol in patients undergoing PSA and found no difference in the propofol dose, time of procedure, changes from baseline end-tidal CO$_2$ or hypoxia. However, there were more supportive airway measures required in the patients who received alfentanil (34.1% alfentanil/propofol v. 12.8% propofol alone, $p = 0.02$). Clearly this area requires further study, not only to determine which opioid analgesic is the optimal agent, but also whether routine analgesia is necessary at all in the setting of PSA performed with propofol.

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Among the quinolones, significant differences have been observed between agents, with levofloxacin and pefloxacin being associated with more arthropathy than ciprofloxacin, enoxacin, moxifloxacin and rifloxacin ($p < 0.01$). Also, the cumulative dose at which arthropathy occurs is not clear from this article.

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Fluoroquinolones and arthropathy in children

To the editor: The present study by Forsythe and Ernst did not take into consideration the difference between the various quinolones as far as the occurrence of arthropathy is concerned.

References

Les lettres seront considérées pour publication si elles sont pertinentes à la médecine d’urgence en milieu urbain, rural, communautaire ou universitaire. Les lettres en réponse à des articles du JCMU publiés antérieurement devraient parvenir au siège social du JCMU à Vancouver (voir titre pour plus de détails) moins de six semaines après la parution de l’article en question. Les lettres ne devraient pas avoir plus de 400 mots et cinq références. Pour des raisons d’espace et par souci de concision et de clarté, certaines lettres pourraient être modifiées.