DRUG POINTS

Delayed hypersensitivity due to epidural block with ropivacaine

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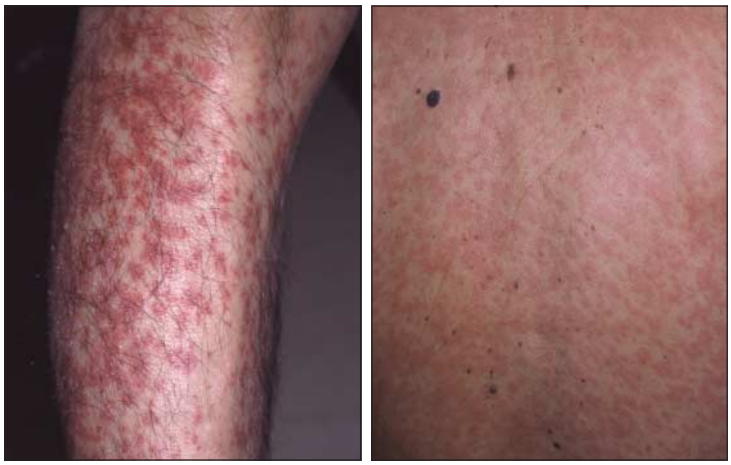
Ropivacaine, introduced in 1995, is an amide-type local anaesthetic. It consists of pure optical S-(-)-isomers and has a low cardiotoxicity. We report delayed hypersensitivity reactions to ropivacaine.

A 74 year old man with postherpetic neuralgia started taking amitriptyline, alprazolam, and loxoprofen and underwent an epidural block with 0.2% ropivacaine hydrochloride without preservatives (48 ml or 96 ml daily). He had no history of allergy to any local anaesthetics. Two weeks later, purpuric rash appeared on his legs, and two days afterwards he developed a widespread blotchy erythema on his trunk and arms (figure). Laboratory examination showed normal white cell and platelet counts and slight eosinophilia (640/mm^3). The epidural block and the drugs were stopped, and the eruptions completely resolved within seven days. We did an intradermal test with 0.2% ropivacaine from a plastic ampoule without a rubber stopper. Erythema (maximum size was 23 mm×13 mm) appeared 8-72 hours after the injection. We did the test again and took a specimen for biopsy. Histology showed perivascular infiltrates of lymphocytes and eosinophils in the dermis. Patch testing with amitriptyline, alprazolam, and loxoprofen induced no eruptions, nor did restarting the drugs.

Eleven cases of delayed-type hypersensitivity reactions have been reported, caused by local injections of amides such as lignocaine, mepivacaine, and prilocaine.[1–5] The symptoms were erythema, papules, vesicles, and swelling, but they did not include purpuric rash. No cases related to an epidural block or ropivacaine have been reported. Ropivacaine may cause allergic reactions characterised by signs such as urticaria, angioneurotic oedema, tachycardia, and vomiting, but delayed hypersensitivity reactions are not referred to in the *Physicians' Desk Reference*. The manufacturer also has had no similar reports.



Purpuric rash on the leg (left) and back (right)

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Tea and empathy

At a recent educational meeting a consultant in palliative care emphasised that empathy but not sympathy was important in patient care. I was vague about the difference, although I have noted that professionals and lay people alike increasingly prefer the word empathy.

I consulted the website Dictionary.com, which provided definitions of empathy from five different dictionaries (non-medical and medical) and seven different entries for sympathy. There was no consistent difference in the definitions, indeed some entries helpfully indicated that these words were synonyms.

I consulted Medline and found more than 3000 entries for empathy, as a subject heading or a keyword, and 145 for sympathy as a keyword (sympathy is not a subject heading). Of the 34 articles found in both searches, two discussed the definition of these words, but they were in Polish and Swedish and so of no use to me. The only helpful article in English concluded that the differences were not settled.[1]

So why do we prefer empathy to sympathy? Sympathy is widely disparaged, as in the phrase "tea and sympathy," in which the sympathy invoked is by implication insincere. We clearly need sincerity in all our dealings with patients, and it is this we should insist on, not a dogmatic and spurious preference for the word empathy.

I have learnt that the word empathy is derived half from Latin and half from Greek, which brings to mind a quote attributed to C P Scott, former editor of the *Manchester Guardian*: "Television? The word is half Greek and half Latin. No good will come of this device." I believe that tea, or indeed diamorphine, and sympathy would be just as effective as the same doses with empathy.

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