

Response to “Lipid emulsion resuscitation for intractable calcium channel blocker toxicity in pediatric patients”

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To the Editor:

We express our gratitude to Dr. Sohn for their interest in our research and wish to respond to the correspondence titled “Lipid emulsion resuscitation for intractable calcium channel blocker toxicity in pediatric patients”.¹

The additional information Dr. Sohn has provided² regarding the mechanism of action of intravenous lipid emulsion (ILE) treatment substantiates the mechanisms described in our article and will serve as a valuable resource for readers seeking guidance on this subject, where information remains limited.³ In our publication on the recommended dose of ILE, we detailed the dosing regimen utilized in cases of local anesthetic toxicity.⁴ As Dr. Sohn has stated in their letter, we adhered to the current recommended dosage for critical patients, such as those with calcium channel blocker poisoning. Specifically, we administered an initial intravenous bolus of 1.5 mL/kg of 20% lipid emulsion, followed by a continuous infusion at a rate of 0.25 mL/kg/min of 20% lipid emulsion.⁵

Author contribution

The authors confirm their contribution to the paper as follows: SY, AA, RGS, MMK, DA were responsible for writing and evaluating the letter. All authors reviewed and approved the final version of the manuscript.

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Conflict of interest

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