

Effect of dexmedetomidine on blood glucose during surgery

Sir,

We read the article by Harsoor *et al.* with great interest.^[1] However, we would like to point out few issues.

First, the authors have not mentioned any actual baseline value of blood glucose level for calculating sample size. They have assumed a 20% change in the blood glucose levels in the intervention arm (dexmedetomidine group) from the baseline. Similarly, authors have assumed equal standard deviation of blood glucose level in both the groups without mentioning an actual figure. It is not clear that how the sample size was calculated without these actual figures.^[2]

Second, there is no comment on “allocation concealment.” Authors have rightly pointed toward a method of “random sequence generation” and “blinding” but there is no mention about the concealment of allocation. Allocation concealment is an important second element of any

randomized controlled trial and takes care of “selection bias” and without which randomization collapses in a trial.^[3]

Despite these limitations, we appreciate the authors for their work, which opens up new arenas of research on dexmedetomidine in blunting the stress response during surgery.

Priyanka Sethi, Neeraj Gupta¹

Departments of Anaesthesia and Critical Care and ¹Paediatrics,
All India Institute of Medical Sciences,
Jodhpur, Rajasthan, India

Address for correspondence: Dr. Priyanka Sethi,
301/1, AIIMS Residential Complex, Basni Phase-II, AIIMS,
Jodhpur - 342 005, Rajasthan, India.
E-mail: dr.priyanka_sethi@yahoo.co.in

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Conflict of interest

There are no conflicts of interest.

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