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Letter to the Editor

Intralipid administration in case of a severe venlafaxine overdose in a patient with previous gastric bypass surgery

Dear Editor

We read with interest the recent article "Intralipid administration in case of a severe venlafaxine overdose in a patient with previous gastric bypass surgery" [1]. The authors report a patient who ingested a dose of venlafaxine that was likely lethal without intervention. We greatly appreciate their use of gastrointestinal decontamination in this situation. However, we have significant concerns regarding their use of intravenous lipid emulsion (ILE), and particularly, the conclusions drawn about its efficacy.

First, the title of this article is misleading. While ILE was administered, over ten additional treatments were also given including multiple dose activated charcoal, midazolam, whole bowel irrigation, sufentanil, norepinephrine, sodium sulfate laxatives, valproic acid, enemas, neostigmine, and furosemide. To imply in the title the one thing that saved this patient was the ILE is entirely unsupported by the case report.

The authors also comment on current guidelines, which describe ILE as a last resort, without convincing evidence for its efficacy. The reason these guidelines exist is because there is no compelling evidence to suggest otherwise. Case reports in which patients ultimately had a good outcome after receiving more than ten treatments, in addition to ILE, do not justify changing consensus guidelines. While the authors mention their opinion thatthe potential benefits of ILE outweigh the risks, they do not adequately discuss the risks which include acute kidney injury, cardiac arrest, ventilation perfusion mismatch, acute respiratory distress syndrome, venous thromboembolism, hypersensitivity, fat embolism, fat overload syndrome, pancreatitis, extracorporeal circulation machine circuit obstruction, non-immune hypersensitivity reaction, increased susceptibility to infection, and potential sequestering of resuscitation drugs.[2].

Finally, the authors state that administration of ILE led to immediate recovery. This is challenging to accept considering that the patient was not extubated until day 5, at least 3 days after ILE was given, and remained hospitalized for multiple additional days afterwards. While there may be certain clinical scenarios in which ILE proves to be helpful, at the present time, we must respect the best evidence-based guidelines until appropriate research demonstrates otherwise.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data Availability

No data was used for the research described in the article.

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