

LETTERS TO THE EDITOR

Complications of Inferior Petrosal Sinus Sampling

To the editor:

We were very interested to read the letter by Lefournier *et al.* (1) in a recent issue of your journal, commenting on possible side effects associated with inferior petrosal sinus sampling. They noted one transient neurological complication in their extensive experience of 166 consecutive investigations and note that in our own recent series we reported no major complications in 128 patients (2). However, they do allude to our own detailed review (3) where we reported a nonfatal pulmonary embolus occurring in a patient after catheterization. It was our understanding that this occurred in a patient following bilateral inferior petrosal sinus sampling (BIPSS), but we have rechecked our records and note that this was erroneous: it actually occurred following a venous catheter for parathyroid hormone that did not involve the petrosal sinuses. We, therefore, confirm that in our experience of now more than 130 inferior petrosal sinus samplings we have not seen any serious local or generalized complication.

However, the authors of this letter do raise an important point: while undoubtedly the prevalence of neurological or other complications secondary to BIPSS in trained hands is, indeed, low, they certainly can occur. These authors report that because of this slight but significant complication rate they only perform BIPSS in cases where there is discordance between magnetic resonance imaging and biochemical testing.

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Indeed, we noted the use of this strategy in our recent review (3). Our own feeling is, however, that increasing the certainty of the source of ACTH is very important in the long-term management of the patient; thus, BIPSS is usually necessary in the great majority of patients, although in some circumstances it may not be indicated. Clearly, however, the degree of utilization of BIPSS depends on a clinical value judgement, and we concur that either strategy is entirely reasonable. We equally agree with the conclusions of these authors that BIPSS should only be carried out by an experienced team to both increase the success of the procedure and minimize its complications.

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References

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3. Newell-Price JDC, Trainer PJ, Besser GMB, Grossman AB. 1998 The diagnosis and differential diagnosis of Cushing's syndrome and pseudo-Cushing's states. *Endocr Rev.* 19:647–672.