

Long term steroid therapy for chronic diseases like asthma suppresses the Hypothalamic-Pituitary-Adrenal (HPA) axis. Studies have shown that in normal patients with major stresses like trauma or surgery and anaesthesia the HPA axis is activated, leading to a surge in systemic cortisol. This surge continues for upto 72 hrs after the insult and is thought to be protective as cortisol has a number of anti-inflammatory effects and prevents hypotension and shock. Loss of this surge may precipitate intraoperative or postoperative haemodynamic instability. It is estimated that adults secrete 75-150 mg of cortisol in response to major surgery and 50 mg a day for minor surgery and secretion parallels duration and extent of surgery. In recent years we come across many patients who are on long term steroids and the management of such patients is a matter of debate and still evolving. This issue contains useful article on steroids and and anaesthesia and guidelines for perioperative steroids.

Perioperative anaphylaxis may be a life threatening clinical condition and is typically a result of drugs or substances used for anaesthesia and surgery. After anaphylaxis, allergologic assessment is essential to identify the offending agent and prevent recurrence, because no preemptive therapeutic strategies exist. The second review article in this issue seeks to identify the clinical diagnostic pathway necessary to distinguish anaphylaxis from confounding clinical diagnoses and discuss the more common allergens that cause anaphylaxis during anaesthesia and treatment of such cases.

Despite current advances in post-operative pain therapy, pain relief may still be inadequate for a substantial number of women undergoing cesarean section. This may be particularly true as they make the transition from relative dependency on potent opioid regimens to full dependency on oral analgesics on the second post-operative day. Management of acute pain after cesarean section has evolved considerably over the past decade. The general approach to pain after cesarean section is changing, shifting away from traditional opioid-based therapy toward a "multimodal" or "balanced" approach. The third review article in this issue focus on these issues in detail.

In addition this issue also contain interesting case reports on airway management. The editorial board wishes the PG-EXEL Davanagere 2011 a grand success and wishes goodluck for the postgraduates.



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