

role of alfentanil with or without propofol in patients undergoing PSA and found no difference in the propofol dose, time of procedure, changes from baseline end-tidal CO₂ or hypoxia. However, there were more supportive airway measures required in the patients who received alfentanil (34.1% alfentanil/propofol v. 12.8% propofol alone, $p = 0.02$). Clearly this area requires further study, not only to determine which opioid analgesic is the optimal agent, but also whether routine analgesia is necessary at all in the setting of PSA performed with propofol.

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Fluoroquinolones and arthropathy in children

To the editor: The present study by Forsythe and Ernst¹ did not take into consideration the difference between the various quinolones as far as the occurrence of arthropathy is concerned.

Among the quinolones, significant differences have been observed between agents, with levofloxacin and pefloxacin being associated with more arthropathy than ciprofloxacin, enoxacin, moxifloxacin and rifloxacin ($p < 0.01$).² Also, the cumulative dose at which arthropathy occurs is not clear from this article.

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