

## Letters to the Editor

### Wants more information on anesthesia in reptiles

Dr. Read has compiled an overview of anesthesia in reptiles (*JAVMA*, February 15, 2004, pp 547–552), but has not addressed the problems practitioners face when anesthetizing these widely differing species that include lizards, snakes, turtles, and crocodylians.

The article indicates that a plethora of agents are used, but does not show a breakdown of species in which these agents were used. It indicates that a high percentage of veterinarians reported complications, and 47 (12%) of veterinarians responding reported death as an outcome. It is not clear whether these practitioners had single or multiple deaths, and the death rate was not given. What was the preanesthetic status of the animals that died? What was the known or assumed cause of death?

The article contains no correlations between agents and techniques used, complications, deaths, and species. Until these are determined, practitioners will continue to practice the art, but not the science, of anesthesia in reptiles.

*William V. Lumb, DVM, PhD, DSc (hon), DACVS, DACVA  
Fort Collins, Colo*

### Dr. Read responds:

Thank you for the opportunity to respond to Dr. Lumb's letter in which he highlights several points regarding my recently published article in *JAVMA*. In that article, I reported the results of a survey of members of the Association of Reptile and Amphibian Veterinarians regarding currently used anesthetic and analgesic techniques for reptile patients in North America.

Dr. Lumb's comments are valid and highlight the potential limitations of using a structured questionnaire for collecting data from a

large sample population. My main objective was to collect information about the practice of reptile anesthesia and then determine areas of deficient knowledge and potential for future research. As this was the first reported survey of its kind in this area, prior information was not available on which to base certain questions. Dr. Lumb correctly points out that my article did not address the specific relationships between individual anesthetic agents and complications, describe the preanesthetic status of animals that died, or relate the known or assumed causes of death that 12% of respondents reported for specific anesthetic agents.

In its defense, the questionnaire was designed to be user-friendly and to obtain the most information possible while requiring the shortest amount of time to be completed. These attempts were made in hope that a high return rate would be achieved, as was indeed the case. As well, without being able to anticipate the frequency of certain answers ahead of time (ie, that certain complications might be more commonly encountered than others, or that there might be a relationship between these complications and certain anesthetic agents), respondents were not asked to describe these experiences in enough detail to draw conclusions.

I agree with Dr. Lumb that we need to establish correlations between anesthetic techniques and complications. At present, our understanding and practice of the science of reptile anesthesia are lagging far behind that of other veterinary species. The limited number of scientific reports that investigate the nuances of reptile anesthesia and analgesia, and the often small number of animals used as subjects in these studies, make large-scale investigations all the more appealing as we try to narrow this gap. Based on this survey and the responses of the hundreds of interested reptile practitioners that it summarized, there appears to be a justified need for large prospective and clinical investigations. I hope this study can be used as a starting point for determination of areas for this research as we all try to bridge the art and science of reptile anesthesia.

*Matt Read, DVM, MVSc, DACVA  
Toronto, Ontario  
CANADA*

### Thoughts on leptospirosis vaccines

A lot of controversy exists today with respect to the need to maintain yearly vaccinations for many diseases of dogs. Leptospirosis is a particularly lethal disease that if not recognized and treated promptly can be fatal to the infect-

#### Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail ([JournalLetters@avma.org](mailto:JournalLetters@avma.org)) or fax (847-925-9329) is encouraged; authors should give their full contact information including address, daytime telephone number, fax number, and e-mail address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies, their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

ed dog and pose a substantial zoonotic risk to its owners and those who treat the dog. At this point, I have found only one manufacturer that provides at least four *Leptospira* serovars in a combined vaccine.

My concern is that the antigen burden in one dose is substantial. During the past two years, we have observed a large increase in the number of adverse reactions to the vaccine that includes antigens to

four *Leptospira* serovars, compared with the vaccine that included only distemper, adenovirus, hepatitis, parainfluenza, and parvovirus antigens.

Considering the controversy on duration of immunity, reliability of testing for active immunity, and the increasing owner awareness of the various problems associated with vaccines, I'd like to offer core vaccines on a selective basis; that is, offer a multiva-

lent *Leptospira* vaccine that is not included with the other five antigens, thus giving the veterinarians the choice of selecting which vaccines they feel are necessary on a case-by-case basis. For example, offering the *Leptospira* vaccine, but at a later time, and therefore not delivering such a large antigen burden each time the animal is vaccinated.

Howard Stevens, DVM  
Tulsa, Okla