
Sir:

The recent case report “Deaths Associated with Liposuction: Case Reports and Review of the Literature” (1) exhibits a fundamental error in understanding modern liposuction and its complications. The three cases reported were all performed under general anesthesia yet all were incorrectly classified as “tumescent liposuction.”

Tumescent anesthesia was first described by Klein in 1987 (2). This technique, developed by dermatologists, is a method for performing liposuction under local anesthesia. Once intravenous sedation or general anesthesia is employed the procedure is, by definition, no longer tumescent liposuction (3). Although some surgeons employ large volumes of a “wetting solution” in addition to IV sedation or general anesthesia as in these cases, this is not tumescent liposuction.

Numerous studies have shown that the true tumescent liposuction is the safest method for performing this procedure. There are no known deaths in the medical literature due to true tumescent liposuction (4).

The authors have also propagated the error that 7 mg/kg of lidocaine is the proper recommended upper dose for liposuction. It is true, as the authors state, that this dose was originally described by the manufacturer, Astra. However, this research was done in 1947 and has not been updated by the company since (5). Numerous scientific studies in the peer reviewed literature have subsequently demonstrated that the true maximum dose for lidocaine when infused into the fat for tumescent liposuction is 55 mg/kg (6). We do applaud the authors for quoting the current guidelines of care published by the American Academy of Dermatology and the American Society for Dermatologic Surgery where all of the pertinent literature on this subject can be found (7,8). I hope the authors will re-read these documents and be more careful with the terminology “tumescent liposuction” in the future.

**References**


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