

## References

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## Reply to: Management of intraoperative hiccups with intravenous promethazine

Sir,

I read with pleasure the letters to the editor regarding my paper entitled "Persistent hiccups after lumbar epidural steroid injection," which was published in your journal. The treatment of hiccups must be based on the etiology of the underlying disease. Treatment modalities may be classified as non-pharmacological, pharmacological and invasive methods. Non-pharmacological methods include holding one's breath, drinking cold water, compression of the eyeball, carbon dioxide inhalation, nasogastric tube placement and gastric lavage.<sup>[1]</sup> The authors reported that they used some of these non-pharmacological methods in the intraoperative period; however, no benefit could be obtained. Pharmacological methods include metoclopramide, chlorpromazine, amitriptyline, phenytoin, valproic acid, baclofen and gabapentin, which are used as a monotherapy or combination therapy.<sup>[2]</sup> The authors reported that they treated hiccups that develop in the intraoperative period with a single dose of 12.5 mg promethazine. Although they reported that there was only one case report about promethazine use for the treatment of hiccups, they did not indicate any references.<sup>[3]</sup> It may be valuable for the treatment of hiccups, which develop in regional anesthesia and for a limited time during operations and which impair surgical comfort. We thank the author for their contribution.

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