

Correspondence

Intubation using the ProSeal laryngeal mask airway and a Cook airway exchange catheter set

To the Editor:

The newest laryngeal mask airway (LMA), the ProSeal LMA (PSLMA, The Laryngeal Mask Company, San Diego CA, USA) was not designed as an intubation device but to increase the periglottic seal and to provide access to the gastrointestinal tract.¹⁻³ Nevertheless, the anesthesiologist may be confronted with the situation of having to intubate the trachea with the PSLMA in place. We report a method to change the PSLMA to an endotracheal tube.

Our initial experience in using the PSLMA in ten consecutive patients demonstrated an altered glottic view. Using a 3.4-mm OD pediatric fiberoptic bronchoscope (FOS, Pentax, Tokyo, Japan), we examined the glottic view with a #5 PSLMA installed. Using the scoring system described by Dr. Brain, *et al.*,¹ three patients had grade 1 view, four had a grade 2 view, and three had a grade 3 view. The PSLMA may induce anterior laryngeal structure movement and rotation of the arytenoids relative to the cricoid cartilage, potentially explaining the altered view.⁴

We used a Cook airway exchanger kit, Arndt set, to overcome these difficulties to exchange the #5 PSLMA for an endotracheal tube. We were requested to change a #5 PSLMA to an 8.0-mm ID endotracheal tube (ETT) for postoperative ventilation in a 55-yr-old, 82 kg male undergoing a right hemicolectomy. A #2 view was seen. The Cook airway exchange kit contains a 144-cm guide wire, a #11 French 70-cm exchange stylet, rapifit adapters and a bronchoscope adapter. Following bronchoscopy, the guide wire was advanced easily through the FOS suction port into the trachea under direct visualization. The FOS was removed and the exchange stylet advanced over the wire. The PSLMA was removed and an 8.0-mm ID ETT advanced over the stylet. The stylet was removed when carbon dioxide was detected and the lungs auscultated.

The role of the PSLMA in the difficult airway is yet to be defined. The double cuffed aperture bar free PSLMA has specific structural differences from the standard LMA that may increase the difficulty of using it as a conduit for intubation.

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References

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Monitoring of retrohepatic inferior vena caval pressure predicted postoperative hematoma after hepatic surgery

To the Editor:

We describe a case of postoperative hematoma diagnosed by monitoring of the retrohepatic inferior vena caval (IVC) pressure in the intensive care unit (ICU). Such monitoring may be useful for the perioperative management of patients undergoing hepatic surgery.

After undergoing hepatic resection for hepatocellular carcinoma, a 63-yr-old, 163 cm, 70 kg male became hypotensive in the ICU. At that time, we noticed an increased retrohepatic IVC pressure (15 mmHg) and an increased pressure difference with the superior IVC pressure (1 mmHg). Besides, hypovolemia was present as evidenced by pulmonary artery pressure monitoring. Therefore, we speculated a postoperative intra-abdominal hematoma was obstructing the IVC, cephalad from the catheter tip for retrohepatic IVC pressure monitoring. Computed tomographic scanning followed by inferior vena cavography (Figure) revealed the mass, resulting in a successful reoperation for hematoma removal.