To the Editor—We read with interest the study of von Ungern-Sternberg et al. evaluating the incidence of adverse perioperative respiratory events in children recovering from an upper respiratory infection (URI). The authors found that the presence of a recent URI within the previous 2 weeks (as reported by their parents) significantly increased the incidence of laryngospasm, coughing, and oxygen desaturation. They also observed that the incidence of these respiratory events was even higher when there were multiple attempts to insert the laryngeal mask airway (LMA). The authors concluded from these observational data that the use of an LMA in children with a recent URI (<2 weeks) enhances the risk of adverse respiratory events, and suggested that ‘if anesthesiologists allow at least a 2-week interval after a URI, they can safely proceed with anesthesia using an LMA”1 because children were not cancelled and rescheduled 2 weeks after their URI. This is an especially important detail because 3.6, 9.0, and 6.4% of the children considered as having no URI in the study of von Ungern-Sternberg et al. in fact had fever, dry cough, or wet cough, respectively. Therefore, it could be argued that a control group without a URI was missing in this study, and comparisons of perioperative respiratory complications might have been made instead between children with URIs of different severities.

The specific question that remains unanswered is: Does postponing anesthesia by 2 weeks after a URI result in fewer airway-related complications? Such a study would probably require larger numbers of children to be included and would definitely need to be tightly controlled. In fact, it takes 6–8 weeks for airway irritability to resolve after a URI, by which time many children will have another URI. Moreover, waiting several weeks after a URI seems not to consistently reduce the incidence of perioperative respiratory complications. From a clinical standpoint, we support the authors’ view that children who have not had a URI within the past few weeks may be safely anesthetized despite the perhaps unavoidably increased risk.

Therefore, the URI dilemma remains an issue. Randomized controlled studies are required to determine the optimal point of time after a URI for administering anesthesia and to learn how to optimize the technique for airway management.

Matthias Eikermann, M.D., Ph.D.,1 Charles J. Coté, M.D.,1 Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts. Universitätsklinikum Essen, Essen, Germany. meikermann@partners.org

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