use of electrocautery in close proximity to PVC endotra-
cheal tubes, as suggested by Simpson and Wolf, we feel
the use of N₂O and O₂ during anesthesia for intraoral,
pharyngeal, or laryngotracheal procedures should be
avoided completely in favor of air or air-oxygen mixtures.

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InReply:—We agree with Shapiro and El-Baz that “the
use of N₂O and O₂ during anesthesia for intraoral, phar-
yngeal, or laryngotracheal procedures should be avoided
completely in favor of air or air-oxygen mixtures” only
with the proviso that electrocautery and/or laser is re-
quired for surgery. Certainly, the combination of a fuel
(endotraheal tube), an oxidant (oxygen and/or nitrous
oxide), and an ignition source (electrocautery or laser)
has the potential for fire. When any one of the triad is
missing, however, fire is unlikely.

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3. El-Baz NM, Caldarrelli DD, Faber LP, Hollinger LD, Ivankovich
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   Otol Rhinol Laryngol 94:483–488, 1985

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Malignant Hyperthermia: Are We Really Prepared?

To the Editor:—Malignant Hyperthermia remains a
formidable challenge to anesthesiologists. As with so many
other nightmarish situations in medicine, being prepared
is the key to successful management. Dantrolene, the drug
of choice, when used appropriately,¹ has contributed to
the reduction in mortality from 90% to about 10%. Since
dantrolene is an emergency drug, experts agree that it
should be immediately available at all anesthetizing loca-
tions. That means, in most cases, in the operating room.²–⁵

Recently, we conducted an informal telephone survey
of all hospitals and surgical centers in Dallas, Texas, as
listed in the Parkland Memorial Hospital telephone di-
rectory. Twenty-three institutions at which surgical pro-
cedures under general anesthesia are performed were
polled. All major hospitals had dantrolene available within
the operating room.

However, four of 23 surgical locations had no dantro-
lene available in the hospital. One further institution
stored dantrolene in the pharmacy, but not in the oper-
ating room.

We are of the opinion that, in the management of a
malignant hyperthermia crisis, every minute counts.
Storing dantrolene in the operating room should be as
mandatory as storing, for example, epinephrine and other
resuscitation drugs and devices.

Anesthesiologists should not rest until mortality from
malignant hyperthermia is completely erased. To reach
that goal, we need to be prepared, wherever we practice.

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