REFERENCES

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Iatrogenic Airway Foreign Body

To the Editor:—Aspiration of a foreign body is a common problem confronting pediatric anesthesiologists. We wish to report a case of iatrogenic airway foreign body.

A 10-year-old with “short bowel syndrome” presented for placement of a central line for parenteral nutrition. He was brought to the operating room without premedication. Through a previously placed IV, anesthesia was induced with ketamine, and continued with nitrous oxide, oxygen, and halothane by mask. Using a Laryng-o-Jet® (International Medication Systems, Ltd., South El Monte, California), the vocal cords were sprayed with 4% lidocaine. The spray device was noted to be shortened markedly when it was withdrawn. Repeat laryngoscopy did not reveal the fragment in the pharynx. Bag and mask ventilation with 100% oxygen and halothane was resumed without difficulty. The surgeon performed a rigid bronchoscopy, retrieving a 7.5-cm length of plastic tubing from the right mainstem bronchus. The procedure was completed without incident. There were no long-term sequelae.

Subsequent examination of the spray device revealed that a break had occurred at one of the side holes (fig. 1). The rigid plastic tubing may have been cracked by an attempt to curve it to facilitate its passage through the vocal cords. In addition, several instances of damage in shipping have been reported to the manufacturers.

We recommend that anesthesiologists using these devices avoid attempts to reshape the tubing and that they examine the spray carefully both before and after use.

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The Jury Is Still Out in the Case of Isoflurane versus Halothane in Neurosurgical Patients

To the Editor:—Todd and Drummond1 draw questionable conclusions from their observations on the effects of isoflurane and halothane on cerebral circulation and metabolism. The authors’ main observations were: 1) Halothane and isoflurane in equipotent concentrations caused similar rises in the intracranial pressure (ICP). 2)