SUMMARY

Endotracheal intubation can be facilitated by the use of a stilet which will securely fit into a Magill tube, thus affording accurate control during the procedure.

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GRANULOMA OF LARYNX FOLLOWING INTUBATION

Formation of a granuloma of the larynx is a rare complication of endotracheal anesthesia.

Although Griffith (1) mentions "5 or 6 benign papillomata" following intubation with "large semirigid silk tubes," a search of the literature to date reveals only 8 cases reported of granuloma of the larynx following intubation with soft Magill-type catheters.

Several features appear in these reports commonly enough to be significant. The case to be reported shares most of these features.

Almost all of the patients were intubated for comparatively long periods:

<table>
<thead>
<tr>
<th>Author</th>
<th>Anesthesia Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Clausen</td>
<td>1 hr. 35 min.</td>
</tr>
<tr>
<td>(3) Smiley</td>
<td>3 hrs. 45 min.</td>
</tr>
<tr>
<td>(4) Luft</td>
<td>1 hr. 25 min.</td>
</tr>
<tr>
<td>(5) Kearney</td>
<td>3 hrs. 10 min.</td>
</tr>
<tr>
<td>(6) Gould</td>
<td>55 min.</td>
</tr>
<tr>
<td>(7) Cohen</td>
<td>5 hrs.</td>
</tr>
<tr>
<td>(8) Barton</td>
<td>3 hrs. 25 min.</td>
</tr>
<tr>
<td>(9) Farrior</td>
<td>3 hrs. 40 min.</td>
</tr>
<tr>
<td>(Present Case)</td>
<td></td>
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</tbody>
</table>

A second feature is the almost invariable location of the tumor—near the posterior commissure, very often attached to the vocal process of the arytenoid cartilage. This is the portion of the vocal cord against which the endotracheal tube exerts pressure.

The time of onset of the outstanding symptom, hoarseness, varies from the immediate postoperative period to one month after operation. Most of the intubations were done under direct vision and most of the authors stated that there was no trauma during intubation.

In all cases the granulomas were eventually removed, with complete subsidence of symptoms. Two recurred once, but the patients were cured by a second excision. The pathologist's report in all cases was essentially similar to that for the case to be reported.

REPORT OF CASE

Miss I. D., a 54-year-old white woman, was anesthetized for laminectomy for excision of a ruptured intervertebral disk. Anesthesia was induced with cyclopropane, and the patient was intubated orally under vision without difficulty. A 35 French soft rubber catheter was used. Cyclopro-
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pane was discontinued and a continuous drip of 0.1 per cent pentothal plus nitrous oxide-oxygen was used until the end of operation. The catheter was in place for three hours and forty minutes. The patient was awake on return to her room, and hoarseness was immediately apparent. She also complained of a sore throat. Hoarseness of a mild degree persisted during her hospital stay, but she was discharged after eleven days with no complaints.

The patient noted increasing hoarseness in the next few months, and four months after operation a broad-based tumor was removed from the right vocal cord near the posterior commissure. The pathologist's report was as follows: "Section shows several small masses of tissue; one is covered with a thin layer of squamous epithelium. Stroma is edematous, shows considerable lymphocytic infiltration and numerous new-formed blood vessels. Diagnosis: Polypoid granulation tissue."

SUMMARY

A case is presented of granuloma of the larynx occurring as a complication of endotracheal anesthesia, for which a Magill-type tube was used.

The literature is reviewed and 8 cases are noted, all of which present several features in common.

REFERENCES


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CORRESPONDENCE

To the Editor:

To avoid arterial hypotension incident to turning an anesthetized patient from the supine to the lateral position, it is suggested that the patient be placed in the lateral position before anesthesia is induced. A conscious subject can help himself to assume a comfortable position on one side and to call attention to pressure points which can then be corrected. If endotracheal intubation is desired, this procedure can be done while the patient is in the lateral decubitus. Laryngoscopy in this position is quickly mastered and the operator readily appreciates the freedom of the patient's head which can be flexed or extended to the position of optimum visualization.

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