

Correspondence

Difficult airway management with the combination of a fiberoptic stylet and McCoy laryngoscope

To the Editor:

Fiberoptic stylets are considered to be useful for the tracheal intubation to the patients with difficult airways, and several types of fiberoptic stylets are already commercially available.¹⁻³ In several previous reports, a direct laryngoscope (Macintosh type) was concomitantly used to ensure a better view through the fiberoptic stylet. However, the number of studies which described efficiency of fiberoptic stylet for difficult intubation, is still limited and the best way of use of

the fiberoptic stylets has not yet been established.

Recently, we examined the usefulness of the simultaneous use of a fiberoptic stylet and McCoy laryngoscope (laryngoscope with a flexible blade tip) in the seven difficult airway cases (Cormack's III) where no distance was observed between the epiglottis and the posterior wall of the pharynx (Figure). In all patients, the tracheas were successfully intubated without complication, and the time required for intubation was comparable to that required for standard tracheal intubation with the Macintosh laryngoscope.

The space around the vocal cords is critical for the visualization of vocal cords and safe tracheal intubation,⁴ even when fiberoptic stylets are used. The flexion of the tip of McCoy laryngoscope is effective to make a space between the epiglottis and posterior wall of the pharynx in the extremely difficult cases.⁵ The new airway management, the combination of a fiberoptic stylet and McCoy laryngoscope, appears to offer a useful means of reducing the risk of fatal airway trouble.

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FIGURE *Combination of fiberoptic stylet and McCoy laryngoscope*
The stylet was 482 mm in length and 160 g in weight. The malleable shaft was 395 mm in length and 5.4 mm in diameter. The light source housing was attached to the main body at the base of the eye-piece. A tracheal-tube stopper was attached to the proximal end of the shaft. The stylet can be inserted into tracheal tube, which had an internal diameter wider than 6.5 mm.