Extender for the size 4 ProSeal laryngeal mask airway

To the Editor:

Since the introduction of the ProSeal laryngeal mask airway1 (PLMA; Laryngeal Mask Company, San Diego, CA, USA) in 2000, we have followed a strict size selection guideline choosing size 4 masks for women, and size 5 masks for men. Based on our experience and common practice with the Classic LMA, we have made this our standard practice. For eight years, in more than 3,500 patients, we have adhered to this rule for selecting the PLMA size.

We have recently reassessed this practice in response to our strong clinical impression that the larger dimensions of the cuff and drain tube of the size 5 mask contribute to greater problems with partial airway obstruction. We have noticed particular problems using the size 5 masks in elderly men. As previously described, the PLMA can compress the laryngeal inlet by a variety of means, including elevation of the cricoid cartilage, medial rotation of the arytenoid cartilages, and inward pressure on the aryepiglottic folds.2,3 Using a maximum minute ventilation test to assess airway patency in all of our patients, we have encountered problems most frequently with the size 5 mask in men.

Unfortunately, since the overall length of this airway device is relatively short, using the smaller size 4 PLMA in adult male patients is not a simple matter. The size 4 PLMA frequently inserts so deeply in male patients that the entire integral bite block lies within the mouth, and the flange for the 15-mm airway connector locates at the teeth.4 In this situation, it is difficult, if not impossible, to tape and secure the PLMA with inward pressure.5 As demonstrated in the Figure, to overcome this obstacle we have recently begun attaching a “straight connector” (Straight T Adapter, Disposable #73385 General Electric Healthcare Finland Oy, Helsinki, Finland) to the 15-mm airway port before insertion of the PLMA. In this case, it is a simple matter to tape across the patient’s maxilla and around the straight connector, following insertion of the size 4 PLMA. As demonstrated in the Figure, the flange of the PLMA can be situated opposite the teeth, while the tape is easily wrapped around the extra length provided by the straight connector. This practice makes the use of a size 4 PLMA in men a relatively uncomplicated matter.

Finally, we comment on design features found in the new disposable Supreme LMAs (Laryngeal Mask

References


Comparison of the size 4 and 5 masks reveals that the cuffs are alike, and equal in size to the accustomed measurements of the size 4 LMA. The size 5 Supreme LMA does not have the larger dimension cuff comparable to the size 5 PLMA. The only difference between the size 4 and 5 Supreme LMAs is the length of their bite blocks. The size 5 Supreme differs by an approximate 2 cm extension in length of the bite block. Our suggestion to attach an extender for the size 4 PLMA in men accomplishes this same effect.

Michael S. Stix MD PhD
Cornelius J. O’Connor Jr MD
Dennis R. Valade CRNA
Lahey Clinic, Burlington, USA
E-mail: michael.stix@lahey.org
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Spinal anesthesia for Cesarean delivery in a patient with cerebral venous sinus thrombosis

To the Editor:
We present a case of cerebral venous sinus thrombosis (CVST), a rare complication in pregnancy, in a parturient whom we successfully managed via Cesarean delivery under spinal anesthesia. In accordance with institutional policy, we obtained consent to use the Protected Health Information in this letter for research and educational purposes.

A 22-yr-old gravida 4, para 2, at 36 weeks of pregnancy, was admitted with intense frontal headache, photophobia, and nausea. Noncontrast computed tomography of the brain showed a prominent right sagittal sinus. Magnetic resonance venography confirmed the diagnosis of CVST involving the superior sagittal, right transverse, and right sigmoid sinuses extending into the right internal jugular vein (Figure).

The patient’s neurological examination was normal, and she was treated with a heparin infusion. She had several episodes of mild hypertension (peaks in blood pressure to 140/80 mmHg) and bradycardia (to a nadir of 40 beats-min⁻¹). Coagulation studies revealed an abnormally low functional protein S level (40%); however, her protein C and antithrombin III levels were within normal limits, and tests for factor V Leiden, prothrombin G20210A mutation, and lupus anticoagulant were negative.

At term, it was decided to manage the patient via Cesarean delivery. After normalization of the activated partial prothrombin time, spinal anesthesia consisting of bupivacaine 10.5 mg 0.75% in 8.25% dextrose, fentanyl 20 μg, and preservative-free morphine 150 μg (total volume 2.1 mL) was administered through a 25G pencil-point spinal needle, with difficulty, due to posterior lumbar edema. The anesthetic was almost

FIGURE Axial magnetic resonance venography confirming the diagnosis of cerebral venous sinus thrombosis involving the superior sagittal, right transverse, and right sigmoid sinuses extending into the right internal jugular vein.