

Correspondence

Comparison of proseal laryngeal mask and endotracheal tube for airway safety in pediatric strabismus surgery

To the Editor

I have a comment on the research by Gul et al.¹ I am extremely grateful for detailed airway study in Gaziantep University. The author evaluated an oral cavity of 1-12 years aged children for difficult intubation according to Mallampati classification system. However, Mallampati et al² investigated 210 patients over 18 years to divide into 3 classes in 1985.² Mallampati classification has some limitation as a predictor of difficult intubation in pediatric population.³ Mouth opening over 3 cm can be a reliable predictor in adult patient, but has no value in pediatric patient.⁴ Although a part of all children, bilateral microtia is associated with high possibility of difficult intubation.⁵ Uezono et al⁶ reported that the incidence of difficult laryngeal view was higher with bilateral microtia (42%), compared with unilateral microtia (2%) and control (0%). Micrognathia is also difficult for intubation, especially in children because

mandible offers a space for laryngoscopic blade in intubation.⁶

Yong H. Kim
Department of Anesthesiology
Haeundae Paik Hospital, Inje University
Busan, South Korea

Reply from the Author

No reply was received from the Author.

References

1. Gul R, Goksu S, Ugur BK, Sahin L, Koruk S, Okumus S, Erbagci I. Comparison of proseal laryngeal mask and endotracheal tube for airway safety in pediatric strabismus surgery. *Saudi Med J* 2012; 33: 388-394.
2. Mallampati SR, Gatt SP, Gugino LD, Desai SP, Waraksa B, Freiberger D, et al. A clinical sign to predict difficult tracheal intubation: a prospective study. *Can Anaesth Soc J* 1985; 32: 429-434.
3. Koop VJ, Baily A, Vally RD, Calhoun PE, Freid EB, Georges L et al. Utility of Mallampati classification for predicting difficult intubation in pediatric patients. *Anesthesiology* 1995; 83: A1147.
4. Kundra P, Krishnan H. Airway management in children. *Indian J Anaesth* 2005; 49: 300-307.
5. Uezono S, Holzman RS, Goto T, Nakata Y, Nagata S, Morita S. Prediction of difficult airway in school-aged patients with microtia. *Paediatr Anaesth* 2001;11: 409-413.
6. Creighton RE. The infant airway. *Can J Anaesth* 1994; 41: 174-176.

Illustrations, Figures, Photographs

Four copies of all figures or photographs should be included with the submitted manuscript. Figures submitted electronically should be in JPEG or TIFF format with a 300 dpi minimum resolution and in grayscale or CMYK (not RGB). Printed submissions should be on high-contrast glossy paper, and must be unmounted and untrimmed, with a preferred size between 4 x 5 inches and 5 x 7 inches (10 x 13 cm and 13 x 18 cm). The figure number, name of first author and an arrow indicating "top" should be typed on a gummed label and affixed to the back of each illustration. If arrows are used these should appear in a different color to the background color. Titles and detailed explanations belong in the legends, which should be submitted on a separate sheet, and not on the illustrations themselves. Written informed consent for publication must accompany any photograph in which the subject can be identified. Written copyright permission, from the publishers, must accompany any illustration that has been previously published. Photographs will be accepted at the discretion of the Editorial Board.