Partial airway obstruction caused by dissection of a reinforced endotracheal tube

doi: 10.1017/S0265021507000968

EDITOR:
Ventilatory problems during surgery in the prone position may be a serious complication [1]. We report an incident where there was dissection of a reinforced endotracheal tube that led to its partial obstruction. This case shows an unexpected complication from reusing products intended for single use.

A 62-yr-old female (weight 68 kg) who was scheduled for total laminectomy with posterior lumbar fusion for lumbar stenosis was intubated with a 7.0-mm reinforced endotracheal tube (Safety-flex; Mallinckrodt®, Athlon, Ireland). Her lungs were ventilated with a mixture of sevoflurane 1.5 MAC (minimum alveolar concentration) in oxygen (35%) and nitrous oxide (65%). Her peak airway pressure ($P_{\text{peak}}$) was 25 cmH₂O and end-tidal CO₂ ($\text{ETCO}_2$) was 36 mmHg at the beginning of anaesthesia without wheezing. $P_{\text{peak}}$ increased to 30 cmH₂O and $\text{ETCO}_2$ to 40 mmHg in the prone position. Approximately 30 min after prone

---

Correspondence to: Yeon Soo Jeon, Department of Pain Medicine and Anesthesiology, Saint’s Vincent Hospital, The Catholic University of Korea, 93-6 Chi-dong, Paldal-gu, Suwon Gyeonggi-Do 442-723, South Korea. E-mail: likewinds@vincent.cuk.ac.kr; Tel: +82 31 249 7273; Fax: +82 31 258 4212

Accepted for publication 16 May 2007    EJA 4540
First published online 22 June 2007

© 2007 Copyright European Society of Anaesthesiology, European Journal of Anaesthesiology 24: 978–986
Changes in renal function in valvular and coronary patients
doi: 10.1017/S0265021507001263

EDITOR:
I read with interest the article by Landoni and colleagues [1] regarding acute renal failure and mitral valve surgery. Acute renal failure is one of the most serious complications of cardiac surgery, with high morbidity and mortality, although the subject is still not completely understood. Most of the research related to valve surgery and cardio-

pulmonary bypass (CPB) is from the 1960s and 1970s [2,3]. The current practice of valve surgery, recent development in CPB and new postoperative strategies offers us a different situation.

Early work in valvular surgery patients stated that CPB was the main cause of renal dysfunction and acute renal failure. There are a number of papers, showing that, contrary to this belief, CPB is not the main cause of this morbidity. However, most of this work has been performed in patients undergoing coronary artery surgery [4,5].

A recent study by our group (unpublished results) [6] shows that in valvular surgery patients (mitral

References