

To the Editor:

I read with interest the article about prehospital pharyngo-tracheal lumen airway (PTLA) use.<sup>1</sup> Two of my residents, Drs. Coffee Brown and Haywood Hall and I did a similar study last year. Our results were not adequate to support meaningful, statistically valid conclusions but we suspect the device is at least as good as the EOA. I would like to support the conclusions of McMahan et al with our data.

Emergency Medical Technician-Intermediates (EMT-Is) from six rural services, previously trained to insert esophageal obturator airways (EOAs), were given a standardized, two-hour didactic and practical program on PTLA use by their local medical director. Thirteen adults in cardiopulmonary arrest were managed with PTLA or EOA in a randomized, prospective clinical trial.

EMTs used a ten-centimeter, linear scale to rate the relative ease of placement, quality of airway seal, and ease of airway maintenance during transport. They also were asked which device they preferred. Blood gases were obtained on patients after arrival in the local hospital, but the results were uninterpretable due to nonstandardized time of testing, variable post-arrest arrival and transport times, and differing mechanisms of arrest. All patients died prior to discharge from the emergency department.

Data are the average score with zero being the worst and 10 being the best. Results were:

	EOA	PTLA	P
Ease of placement	4.4	6.3	.40
Quality of seal	2.2	7.8	.01
Ease of airway maintenance	4.3	9.0	.08

Data were analyzed using the Mann-Whitney rank sum test for unpaired non-parametric data and Bonferroni adjustment for multiple comparisons.

Nine of the ten EMTs preferred the PTLA to the EOA.

In regard to the use of the PTLA in patients with potential cervical spine injuries, I used the device in seven fresh cadavers and measured movement under cinefluoroscopy according to previously published methods.<sup>2</sup> Average cervical movement was 3.12mm (95% CI 1.18–5.06mm). This compares with 1.51mm (95% CI 1.05–1.98mm) for oral intubation.<sup>2</sup> The bottom line may be that, although airway management comes first, it rarely effects patient outcome unless the cause of the respiratory failure can be reversed promptly.

I would like to thank the participating EMTs and their medical directors. Respiroics Inc. of Monroe, Pa., assisted in the development and provision of the Revive Easy™ PTL® airways for the training program.

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## References

1. McMahan S, Ornato JP, Racht EM, et al. Multi-agency, prehospital evaluation of the pharyngo-tracheal lumen (PTL) airway. *Prehospital and Disaster Medicine* 1992;7:13–18.
2. Hauswald M, Sklar DP, Tandberg D, et al: Cervical spine movement during airway management: Cinefluoroscopic appraisal in human cadavers. *Am J Emerg Med* 1991;9:535–538.

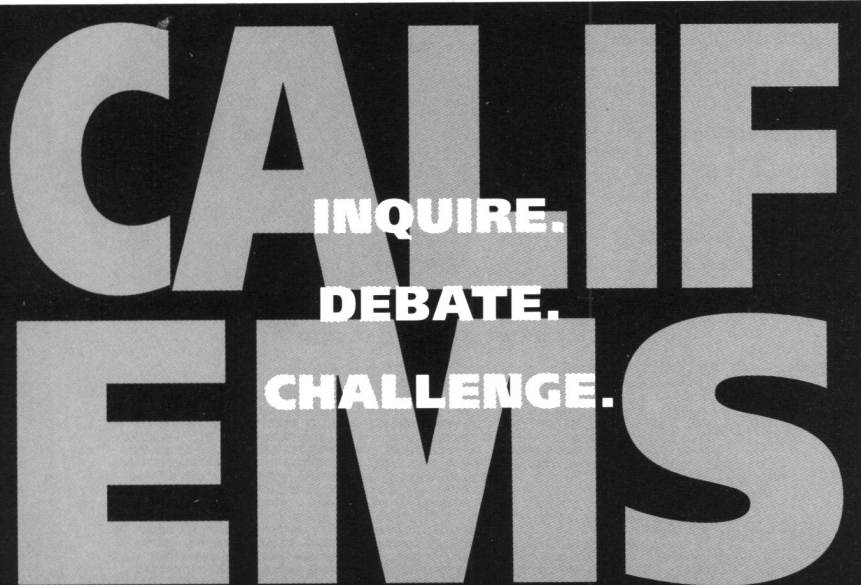
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