was, no doubt, a newer lot with the flexible loop. The previous design is no longer offered for sale.

Pending resolution of a patent issue, we discontinued sale of this triple lumen catheter as of June 1, 1990.

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"Dental trauma" to oral airways

To the Editor:

We would like to congratulate Clockie *et al.*¹ for their review article on dental trauma in anaesthesia. The authors pointed out the importance of biting down on oral airways as the major cause of injury to patients' teeth. On the other hand, damage to oral airways by patients' teeth is a feared complication.

In November 1989, we experienced the following case.

An ASA physical status I 43-yr-old woman underwent surgery for a pituitary adenoma. Transsphenoidal resection of the pituitary gland was performed through a labial incision without complication. Anaesthesia was induced with 450 mg thiopentone after previous injection of 0.15 mg fentanyl and 5 mg dehydrobenzoperidole. Succinylcholine 100 µg was given to facilitate tracheal intubation and anaesthesia was maintained with O₂, N₂O and isoflurane. The tracheal tube, a Bivona silicone 7 mm internal diameter, was reinforced with a metallic wire spiral incorporated in the silicone wall.

At the end of surgery, usually we insert a piece of rubber in the mouth of the patient to prevent biting of the tube.

This manoeuvre was impossible in our patient because one minute after discontinuing anaesthesia she was already firmly biting the tube. An elevation of peak airway pressure from 15 to 40 cm H₂O was attributed to constriction of the tube by the patient's teeth. However, the gas delivered by the respirator escaped through the lips of the patient, who had regained spontaneous breathing.

As the anaesthetist attempted to perform rapid extubation, it became evident that the tube had been divided by the patient's teeth. Her lips tightly surrounded the outer stump of the tube, which led to the elevation in airway pressure. Extraction of the portion of the tube which remained in the mouth and trachea was easily accomplished since the two portions were still connected by the metallic wire (Figure).

FIGURE Tracheal tube damaged by the patient's bite.

It is likely that in our patient biting of the tube was due to supplemental oro-pharyngeal stimulation performed by the surgeon. Cooperation between surgeon and anaesthetist is fundamental in avoiding inappropriate stimulation of patients during the delicate phase of emergence from anaesthesia.

Patients' teeth should be regarded as a hazard during anaesthesia.

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