Correspondence

Flexible cystofibrescope for difficult intubation

To the Editor:

We recently used a flexible cystofibrescope (Olympus-CYF®) to intubate the trachea of an adult in the cystoscopy suite. The patient was an adult male scheduled for a transurethral resection of a bladder tumour. Following administration of thiopentone and succinylcholine, several attempts at direct laryngoscopy and tracheal intubation were unsuccessful. The lungs were easy to ventilate via mask and bag. With the return of spontaneous ventilation while the patient breathed a mixture of isoflurane, nitrous oxide and oxygen, it was decided to use a flexible fibreoptic laryngoscope to aid intubation. Since our cystoscopy suite is in a different part of the building from the main operating rooms, it would have taken us some time to obtain the flexible laryngoscopy apparatus from the operating suite. However, a flexible cystofibrescope, already sterilized and ready for the planned cystoscopy, was available and we decided to use it instead. The trachea was successfully intubated using this flexible cystoscope through an 8 mm ID endotracheal tube with the patient still breathing spontaneously and anaesthetized with isoflurane and nitrous oxide. Since this incident we have employed the same fibreoptic endoscope successfully for another elective tracheal intubation in the urology suite.

The flexible endoscope used in both of these instances is the Olympus CYF fibrescope® which features high resolution optics with a wide angle lens system and an angulation system that allows easy orientation and detailed observation. Its main specifications¹ (see Table) suggest that it can be easily adapted to perform flexible laryngoscopy and tracheal intubation in most adults.

TABLE Main specifications of CYF® cystofibrescope¹

Optical system	Field of view	90°
	Direction of view	0° (Forward viewing)
	Depth of field	3 ~ 50 mm
Distal end	Outer diameter	5.3 mm
Bending section	Range of tip bending	Up 210°, Down 90°
Insertion tube	Outer diameter	5.1 mm
Working length		355 mm
Total length		660 mm

Cystoscopy suites are frequently located far from the main operating room, sometimes on a different floor and occasionally in a different building. In such situations it is helpful to know that a flexible cystoscope which is readily available in most cystoscopy suites may be recruited as an aid for laryngoscopy in case of a difficult intubation.

Vinod Malhotra MD
Department of Anesthesiology
The New York Hospital-
Cornell University Medical Center
525 East 68th Street
New York City, N.Y. 10021

REFERENCE

- 1 Olympus Corporation. 4 Nevada Drive, Lake Success, N.Y. 11042-1179, U.S.A

Pharyngeal foreign body

To the Editor:

We would like to report a case of an unusual laryngo-pharyngeal foreign body. A 28-yr-old native man presented to our institution with dyspnoea, aphonia and dysphagia. He was well until the night before admission. When he awoke at about 0300 he was "vomiting" blood and complaining of shortness of breath. The patient had not been drinking alcohol and otherwise felt well. At 0430 he was assessed and subsequently discharged from his local hospital without treatment. Later that morning he came to Winnipeg for a scheduled medical appointment and, because of his continued dyspnoea, was sent to the emergency department.

Examination showed a man sitting up and unable to control his oral secretions. He was dyspnoeic but not stridorous, and was afebrile. An ENT consultation was obtained and indirect laryngoscopy showed a normal epiglottis, with pus and mucus pooling above the glottis. The vocal cords were not seen. The neck was supple but surgical emphysema was palpable over the anterior neck. The clinical diagnosis was a deep neck abscess with impending airway obstruction and the patient was taken to the operating room for emergency intubation or tracheos-