and in one case propofol plus fentanyl. Such an intervention may have distorted the results as it has been shown that opioids, N₂O inhalation and to a lesser extent nimodipine affect the spread of sensory block.²⁻⁵ Therefore, the time to two-segment regression and the time to total regression may have been influenced in these patients by the *iv* fentanyl and/or propofol, though for the last one no data are available for its effect on the spread of spinal anesthesia. Some of the patients received H₁ antihistamines drugs producing sedation and dizziness. These drugs also may exert an effect on the spread of spinal block and affect the measurements found by the authors in a non-homogenous manner. Since systematic administration of some analgesics and anesthetics affects the spread of spinal analgesia, we postulate that in studies where different treatments are assessed all groups should be treated in a similar way except for the treatment under investigation, otherwise the results may be misleading.

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Accidental dental injury of radiolucent replacement teeth during intubation

To the Editor:

We report a case of an accidental dental injury and discuss problems with radiolucent replacement teeth. It is not well known that resin is radiolucent.

A 63-yr-old man was admitted complaining of a squamous cell carcinoma in his oral cavity. Excision of

FIGURE Photograph (A) and X-ray (B) of teeth (1), metal (2), amalgam (3) porcelain (4), light curing resin (5), glass ionomer cement (6), self curing resin (7), temporary crown (8), temporary filling (9, 10).

the tumour was scheduled under general anesthesia which was induced with 100 mg propofol. Then, 6 mg vecuronium was administered and the larynx was observed by direct laryngoscopy. Using Magill's forceps, a 7.5 mm spiral tube was inserted via the nasal cavity. During intubation, we accidentally injured the replacement resin of a tight upper cuspid tooth. We looked for the lost resin in the oral cavity and larynx, without success. No foreign body was seen in the airway on bronchofibrescopy or on chest X-ray, which was normal. Surgery commenced and ventilation and vital signs were stable during surgery. After emergence from anesthesia, the trachea was extubated and the postoperative course was uneventful. The lost replacement resin was found in feces two days later.

The incidence of dental damage during anesthesia ranges from 1: 150 to 1: 1000 endo-tracheal intubations.¹⁻³ Several investigators have reported damage to crowns or bridges,^{3,4} but radiolucent replacements have not been discussed. In this case, a chest X-ray could not locate the self curing resin. Therefore, we examined radiologically the replacement material in current use together with a tooth (Figure), and found that self-curing resin and temporary crowns were radiolucent. Anesthesiologists should remember that some of the replacements are radiolucent.

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