FIGURE Pharyngeal view in a man with a class zero airway (the epiglottis is seen).

chronic tonsillitis. Routine oral examination revealed that he had a class zero airway (Figure). Anesthesia was induced with propofol. Three minutes after the *iv* injection of vecuronium $0.1 \text{ mg} \cdot \text{kg}^{-1}$, the larynx was observed with a Macintosh blade 3 in the sniffing position. The laryngoscopic view according to Cormack and Lehane³ was grade 1, and his trachea was intubated without difficulty.

This case shows that a class zero airway occurs in adult men and suggests that tracheal intubation may be easy in such patients.

Tadakazu Sakuragi MD
Koichiro Hori MD
Takahisa Shiratake MD
Junko Miyawaki MD
Miki Ishida MD
Fukuoka, Japan

References

- 1 Somsoon GL, Young JR. Difficult tracheal intubation: a retrospective study. *Anaesthesia* 1987; 42: 487–90.
- 2 Ezri T, Warters RD, Szumuk P, et al. The incidence of class “zero” airway and the impact of Mallampati score, age, sex, and body mass index on prediction of laryngoscopy grade. *Anesth Analg* 2001; 93: 1073–5.
- 3 Cormack RS, Lehane J. Difficult tracheal intubation in obstetrics. *Anaesthesia* 1984; 39: 1105–11.

The ProSeal laryngeal mask airway interferes with magnetic resonance imaging

To the Editor:

The laryngeal mask airway-ProSeal™ (PLMA; The Laryngeal Mask Company, Henley on Thames, UK) is an evolution of the Classic laryngeal mask airway™ (LMA-C; The Laryngeal Mask Company, Henley on Thames, UK) that presents two advantages. First the seal pressure is higher, 30 to 40 cm of water *vs* 20, and second, it allows drainage of stomach contents with an orogastric tube through the drain tube. All these characteristics and its usefulness in difficult airway management makes the PLMA an interesting device for airway management for anesthesia outside the operating room (radiology department, etc.).^{1–3}

However, the PLMA airway tube contains metal and could cause interferences during magnetic resonance imaging (MRI). We present the case of a four-year-old, 19 kg, with suspicion of a brain neoplasm, who needed general anesthesia for MRI. Sedation was contraindicated because of suspicion of a high intracranial pressure.

Before the procedure we conducted two trials with the PLMA; first we checked that the PLMA was not attracted by the MRI device (Magnetom Harmony Maestro Class of 1 T, Siemens, UK); and second, we placed the PLMA at the right side of a phantom simulator and two MRI sequences (axial and sagittal) were obtained. (The phantom simulator is a bottle full of aqueous paramagnetic solutions like pure gels of

FIGURE Axial and sagittal magnetic resonance imaging of phantom simulator with (left) and without (right) the ProSeal laryngeal mask airway.

gelatin, agar, polyvinyl alcohol, silicone, polyacrylamide, or agarose; organic doped gells; paramagnetically doped gells; and reverse micelle solutions. It is used by the radiologists to check the MRI machine). The PLMA was not attracted by the MRI but interfered with the MRI images (Figure).

Finally in this case we used a LMA-C, total *iv* anesthesia and mechanical ventilation. The case was performed without problems.

We conclude that the PLMA interferes with head and neck MRI images but that it could be used for other imaging locations since it is not attracted by the magnetic field of the MRI machine.

Cristóbal Añez MD
Ana Fuentes MD
Pilar Jubera MD
J. M. Sala MD
Maria Rull PhD
Tarragona, Spain

References

- 1 Brain AI, Verghese C, Strube PJ. The LMA 'ProSeal': – laryngeal mask with an oesophageal vent. *Br J Anaesth* 2000; 84: 650–4.
- 2 Brimacombe J, Keller C. The ProSeal laryngeal mask airway. *Anesthesiol Clin North America* 2002; 20: 871–91.
- 3 Farling PA. Anaesthesia in the magnetic resonance unit: a hazardous environment (Editorial). *Anaesthesia* 2002; 57: 421–3.

The spatula introducer for insertion of the flexible reinforced laryngeal mask airway (RLMA)

To the Editor:

Although Keller and Brimacombe have suggested that it is not difficult to insert a reinforced laryngeal mask airway (RLMA) if the standard recommended technique is used,¹ insertion remains more difficult than for a standard LMA, as no force can be transmitted along the shaft, especially in small sized RLMA for children. Many devices have been described to facilitate the insertion of a RLMA including a variation of the standard Magill forceps, a metal stylet, a small tracheal tube combining a stylet, and the Bosworth introducer.^{2–4} The disadvantages of these devices are: trauma to the larynx with the forceps and stylet; rotation or displacement of the mask on removal of the stylet; and the reduced tactile feedback with the Bosworth introducer. Combining a stylet in a tracheal tube can be efficient,³ however, it

FIGURE The spatula introducers for flexible reinforced laryngeal mask airway.

is not appropriate for small sized RLMA. Bearing this in mind, one of the authors designed a small spatula with a split head to ease insertion of the RLMA. Since the spatula is made of stainless steel with a thickness of 0.8 mm, it is relatively flexible and its shaft can be bent as needed prior to insertion of the RLMA (Figure). Adequate lubrication of the inner edges of the split head of the spatula allows removal of the spatula without displacing the RLMA. As with any LMA insertion, a jaw thrust can facilitate the insertion of the RLMA with this introducer. In our experience in ambulatory pediatric patients for some four years, this introducer causes no trauma or complications, and it takes only three to five seconds to insert the RLMA. Recently, a commercial RLMA introducer was described.⁵ However, its price is too high (\$135–\$163, each). We feel our spatula introducer is a useful, low cost addition to facilitate airway management with the RLMA.

Hae-Keum Kil MD
Bon-Neyo Koo MD
Joon-Hee Park MD
Won-Oak Kim MD
Seoul, South Korea

No funding for this project was provided by the manufacturer, the university nor the Department of Anesthesiology and Pain Medicine.