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Reply:

We sincerely thank Stix and colleagues for their valuable comments and interesting figures. They have clearly shown that the ProSeal™ laryngeal mask airway (PLMA; Laryngeal Mask Company, Henley-on-Thames, UK) has a tendency to exert pressure on, and cause mechanical distortion of the larynx, a fact that we alluded to in our discussion.

We agree that the appearance of the aryepiglottic folds in our figure is somewhat similar to that shown by Stix and colleagues, and that it may be difficult to ascertain if there is significant edema of these structures. We disagree, however, that mechanical obstruction was the pri-

mary cause of the observed clinical phenomena. The most striking feature in our case was edema of the true vocal cords. This may be appreciated from their abnormal bulbous appearance, and the manner in which they stand out in relief against the surrounding mucosa (Figure). The rima glottidis was consequently narrowed to two pinhole-sized openings, which accounts for the clinical finding of high-pitched wheeze. Previous reports of mechanical obstruction do not describe wheeze or stridor as a clinical feature.^{1,2} The delayed onset of wheeze and increased airway resistance, as well as clinical resolution following the administration of iv dexamethasone, is also inconsistent with mechanical obstruction as the primary cause. Finally, recommended measures to relieve mechanical obstruction include cuff deflation and repositioning of the head and neck in the sniffing position,¹ none of which was attempted in our patient.

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Spinal cord transmission of afferent neuronal activity despite surgical conduction anesthesia

To the Editor:

It remains unclear as to what is the most reliable method for testing the anesthetic level after intrathecal injection of local anesthetics. Although transcutaneous electrical stimulation (TENS; 5 sec, 60 mA, 50 Hz, 0.25 msec square-wave electrical impulse) has been proposed as an equivalent to surgical incision, a recent study in patients undergoing Cesarean delivery demonstrated that TENS could be felt by 30% of patients despite an adequate surgical block.^{1,2} This observation attests to spinal cord transmission of afferent neuronal activity despite adequate conduction anesthesia. We recently witnessed evidence of this phenomenon in a clinical setting.

A 56-yr-old male patient presented for elective repair of a pathologic fracture of his left acetabulum under

FIGURE Fibreoptic bronchoscopic view of the laryngeal inlet. The true vocal cords have an abnormally swollen, bulbous appearance, and the rima glottidis has been narrowed to two pinhole-sized openings (labelled arrows). There is also localized swelling of the left aryepiglottic fold (unlabelled arrow).