Correspondence

Use of the laryngeal mask in a patient with pemphigus vulgaris

To the Editor:

Pemphigus vulgaris is characterized by bullae of the skin and mucous membrane. Laryngoscopy and tracheal intubation should, if possible, be avoided, since both can produce bullae or bleeding of the oropharynx and trachea.¹ Regional anesthesia, which can avoid tracheal intubation,^{2,3} may sometimes be impractical.

The laryngeal mask should be useful in this group of patients, since the mask does not touch the larynx or trachea. However, a possibly major problem may be injury to the oropharyngeal mucosa during insertion of the mask.⁴ A simple method to reduce such an injury is the use of an insertion aid (a laryngeal mask introducer, Portex, Kent, UK), which has been shown to reduce the incidence of oropharyngeal injury.⁵ We used the device in a patient with pemphigus vulgaris. A 72-yr-old man with pemphigus vulgaris, requiring daily prednisolone 5 mg, was scheduled for operation of a retinal detachment. Anesthesia was induced with propofol and muscle relaxation achieved with vecuronium. A facemask was applied with minimal pressure, the introducer inserted gently into the oral cavity, and the laryngeal mask slid down on the introducer. After insertion of the laryngeal mask, the introducer was removed. Anesthesia was maintained with nitrous oxide 50% and sevoflurane 1% in oxygen for three hours. At the end of the operation, the laryngeal mask was removed. No blood

was detected on the mask, and no bullae were observed in the oral cavity postoperatively by direct visual inspection.

We believe that the laryngeal mask inserted with the help of an introducer is a useful alternative to tracheal intubation in a patient with pemphigus vulgaris.

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Local anesthetic toxicity and milrinone

To the Editor:

I read with interest the article by Neustein *et al.*¹ entitled: "Milrinone is superior to epinephrine as treatment of myocardial depression due to ropivacaine in pigs". It is unfortunate that a vehicle control was not incorporated into the study design. Perhaps no treatment would have been better or as good as treatment with milrinone. My experience with studying local anesthetic toxicity in animal models is that if local anesthetic administration is stopped and vehicle treated animals are given oxygen with respiratory support they generally do recover unless asystole or ventricular fibrillation is induced. Even then, vehicle treated animals usually recover unless asystole is prolonged. I raise this issue because I subscribe to the old axiom that when one is

FIGURE Laryngeal mask introducer.