Lingual nerve palsy after i-gel[®] use

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To the Editor:

Over-inflation of the laryngeal mask cuff is reported to cause lingual nerve palsy [1]. Here, we present a case of bilateral tongue numbness after the use of i-gel[®], which is an anatomical fit for the pharyngeal and laryngeal because it is non-inflatable. Our patient was a 53-year-old male (173 cm, 78 kg) who underwent left knee replacement under general anesthesia. After induction of anesthesia with propofol 150 mg and rocuronium bromide 50 mg, we could easily insert a size-4 i-gel. Thereafter, we adequately maintained anesthesia with sevoflurane (2 %) and remifentanyl ($0.1\text{--}0.2 \mu\text{g kg}^{-1} \text{min}^{-1}$). During maintenance, we continuously monitored several parameters and no adverse events took place. He complained of bilateral tongue numbness on the following day. The numbness resolved spontaneously by the 2-week follow-up examination. On the basis of this case as well as previous reports, it may be considered that lingual nerve palsy can occur even with the use of a non-inflatable cuff [2, 3]. These reports suggest that the

supraglottic device ridge may lead to high pressure being exerted against the base of the tongue, resulting in transient injury of the lingual nerve. Palsy resulting from the use of both supraglottic devices often resolves by the time the scheduled follow-up examination is performed. Consent for publication was obtained.

References

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