

angioneurotic oedema is a rare but life-threatening complication of SLE. Flexible fiberoptic laryngoscopy allowed the atraumatic insertion of a nasotracheal tube and may be life-saving in this situation.

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REFERENCES

- 1 *Mallampati SR, Gatt SP, Gugino LD, et al.* A clinical sign to predict difficult tracheal intubation: a prospective study. *Can Anaesth Soc J* 1985; 32: 429-34.
- 2 *Scarpelli DG, McCoy FW, Scott JK.* Acute lupus erythematosus with laryngeal involvement. *N Engl J Med* 1959; 261: 691-4.

Erratum

Correspondence: Predicting difficult laryngoscopy. *R. Williamson. REPLY:* D.K. Rose, M.M. Cohen. *Can J. Anaesth* 1996; 43: 1082

In the *Reply* from Drs. Rose and Coehn, the Table was inadvertently omitted and the third paragraph should read as follows:

For a similar patient population (May 1, 1995 to April 30, 1996), there were an additional 6,477 patients who had a direct laryngoscopy with attempted tracheal intubation following general anaesthesia. The rate of view of epiglottis only or no view of epiglottis was 1.5%, ≥ 3 laryngoscopies 1.7%, and failure to intubate 0.3%. This rate of poor laryngoscopy view defined by our new criteria as Grade D or E was decreased from our previous study (10.1%) but identical to the frequency reported in a prospective study by Wilson.¹ As in our previous study, only a relatively small percentage (26.3%) with view of only epiglottis or no view of epiglottis had ≥ 3 laryngoscopies (previous study 15.8%). However, for those patients with ≥ 3 laryngoscopies, only 22.1% of those in the recent study compared with 84.1% previously had a view of only epiglottis or no epiglottis. The notation of best view on the record and the new grading system may have contributed to these reduced frequencies.

VIEW AT LARYNGOSCOPY*

	ABC	D	E	
1-2	6294	70	0	} TOTAL 133 (1.7%) T O T A L
3	66	7	1	
>3	15	3	1	
Failed†	7	9	4	
		TOTAL 133 (1.7%)		

* Grade A: all of vocal cords, Grade B: partial view of cords, Grade C: arytenoids only, Grade D: epiglottis only, Grade E: no view of epiglottis

† Failure of direct laryngoscopy requiring alternative approach or cancellation