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

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- 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.

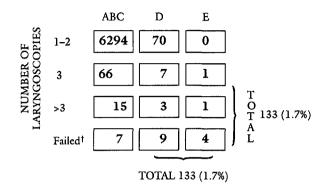
Erratum

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'



^{*} 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