

anaesthesia with sedation is associated with the risks of inadequate anaesthesia requiring hurried induction of general anaesthesia. General endotracheal anaesthesia carries with it, the risk of airway obstruction intraoperatively or postoperatively.

In summary, there are very few reports in the literature dealing with anaesthesia in the presence of CTS. This additional information is intended to complement Concha's important contribution to the literature.

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- 1 Concha M, González J, González A, Dagnino J, Molina R. Epidural anaesthesia for internal reimplantation in an infant with congenital tracheal stenosis. *Can J Anaesth* 1997; 44: 666-8.
- 2 Finucane BT. Epidural anesthesia in a pediatric patient with congenital tracheal stenosis. *Anesthesiology* 1979; 50: 166-7.

REPLY

We read with great interest Dr Finucane's letter and the full description of his case.¹ Unfortunately, we missed it in our literature search for we agree completely with him that there are very few reports in the literature dealing with anaesthesia in the presence of congenital tracheal stenosis. His question about the feasibility of using regional anaesthesia alone in infants has no definitive answer.

It has been advocated as an alternative for the anaesthetic management of high risk neonates or premature infants,^{2,3} and we have used it with very good results in this group of patients. However, we believe that this technique is not advisable, and frequently, simply impossible, in healthy and vigorous infants, in those in whom the duration of surgery could be long, and in those in whom the management of the airway is anticipated to be difficult. Light inhalational general anaesthesia with spontaneous face mask ventilation or intermittent intravenous sedation, as described by Dr Finucane, are both valid alternatives for the airway management of these patients. In small infants, as was the case in our patient, we felt that spontaneous face mask ventilation was an easier and safer method of managing the airway. Unfortunately, in these uncommon cases there are no established rules of management tested by appropriate trials and we have to decide on the appropriate technique based on a few case reports, such as those of Finucane and our own, and most importantly on the careful evaluation of each patient and the experience with the selected technique.

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- 1 Finucane BT. Epidural anesthesia in a pediatric patient with congenital tracheal stenosis. *Anesthesiology* 1979; 50: 166-7.
- 2 Webster AC, McKishnie JD, Kenyon CF, Marshall DG. Spinal anaesthesia for inguinal hernia repair in high-risk neonates. *Can J Anaesth* 1991; 38: 281-6.
- 3 Gunter JB, Watcha MF, Forestner JE, et al. Caudal epidural anesthesia in conscious premature and high-risk infants. *J Pediatr Surg* 1991; 26: 9-14.