Letters to Editor

The patients with gout may have airway manifestations in addition to the systemic involvement. This requires adequate airway assessment, proper planning, and great vigilance during airway interventions.

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Conflicts of interest

There are no conflicts of interest.

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Cannot intubate situation arising out of difficult mouth opening due to jaw thrust

Sir,
The case report by Akasapu et al. made for interesting reading.\[1\] We congratulate the authors for reporting this case that had a fatal outcome due to failed intubation arising out of temporomandibular joint dislocation during induction of anesthesia. Temporomandibular joint dislocation during mask ventilation, airway manipulation, and laryngoscopy is not unknown and is attributed to loss of protective muscle tone due to general anesthesia or sedation.\[2\] We would like to make the following comments on this article:

1. Analgesic like fentanyl should have been used at the time of induction of anesthesia in this patient who was a known case of coronary artery disease with sepsis.
2. Blind nasal intubation is difficult in paralyzed patients as the respiratory movement is used as guide for this procedure either by auscultation or by capnography. Attempted blind nasal intubation might have contributed to the deterioration in patient’s condition as ventilation has to be stopped during the attempt. We think that a retrograde intubation should have been a more prudent approach in this patient as a life-saving measure.
3. Emergency cricothyrotomy would have been quicker and simpler to perform than tracheostomy. Ventilation need not be stopped for long during cricothyrotomy and it could have also been used to attempt retrograde intubation by passing a guide wire.
4. The authors’ suggestion that the patient was presumed to have low lung compliance due to abdominal distension and sepsis, so cricothyroidotomy was not considered suitable, should have been supported by at least one reference.
5. They have also suggested that ventilation was feasible with nasopharyngeal airway. The subsequent events fail to explain the severity of the developing situation if ventilation was being maintained.

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