LETTER TO THE EDITOR

The use of laryngeal mask airway in tonsillectomies

I read the article written by Ranieri Junior et al.1 in your journal and agree with the authors’ take. The use of a laryngeal mask airway in adenotonsillectomies is possible; however, the tracheal tube is safer compared to the laryngeal mask. In recent publications, the use of LMA is reported superior to endotracheal intubation at adenotonsillectomy operations.2,3 I believe that LMA use for pediatric tonsillectomy and adenoidectomy is associated with a higher incidence of complications. I consider the LMA tonsillectomy technique important to use. Previously published studies have rarely reported the importance of the tonsillectomy technique. Cold tonsillectomy bleeding rates are greater than in the hot tonsillectomy techniques (bipolar, thermal welding, coblation, laser).4 In the cold technique, the use of LMA can lead to blood aspiration; bleeding control is quite difficult if the sutures are used in the tonsillar fossa. Furthermore, placement of LMA in the mouth of younger children, and grade 4 hypertrophy of tonsils do not provide enough surgical visualization. Thus, I would not suggest the use of LMA in tonsillectomy, except in specific cases.

References


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