An Unusual Cause of Laryngeal Obstruction

ENNIO GALLOZZI, M.D.*, M.B.

The following case report dealing with an unusual cause of laryngeal obstruction appears also to have special interest from its religious implications. A 67 year old white male patient with a known diagnosis of chronic cholecystitis was scheduled for elective cholecystectomy. Physical examination and routine laboratory tests were all within normal limits. Preanesthetic medication consisted of 150 mg. of pentobarbital and 0.4 mg. of atropine, intramuscularly 60 minutes before induction of anesthesia, which was accomplished with 250 mg. of a 2 per cent solution of thiopental, intravenously, followed by 40 mg. of succinylcholine. A 6-liter flow of 100 per cent oxygen was started. The patient breathed spontaneously until the onset of muscular relaxation and apnea when it was immediately evident that obstruction had occurred. This situation was not corrected by insertion of a pharyngeal airway. Direct laryngoscopy was immediately performed and revealed an undissolved Holy Communion wafer in direct contact with the vocal cords obstructing the larynx in a valve like manner. The wafer was removed with a Magill forceps and the patient was intubated with a 38 French cuffed endotracheal tube. The operative procedure was completed with no further complications. At the end of the 90-minute procedure, the mouth was carefully inspected under direct vision. By this time the wafer had dissolved and the endotracheal tube was removed. The patient made an uneventful recovery.

On questioning the floor nurse, it was learned that the patient, a Roman Catholic, had received the Sacrament approximately 20 minutes after receiving his preanesthetic medication. It is postulated that following the injection of atropine the reduced salivary secretions failed to dissolve the wafer which later obstructed the larynx at the moment of loss of muscular tone.

In order to respect the religious beliefs of the patient we have asked His Eminence Francis Cardinal Spellman, Archbishop of New York, to instruct us as to the proper way of removing and disposing of the Holy Communion wafer should such a situation recur.

We quote the answer given to us by the Rt. Rev. Msgr. James G. Wilders, Director of the Hospital Apostolate Archdiocese of New York: "... In such a situation I would direct you to reverently remove the Holy Communion wafer, place it on a clean paper or cloth or in a clean receptacle and as soon as possible to call the local priest to come for the wafer and to bring the Sacred Host to the Sacrament in the local Church where it might be properly and reverently disposed of."

* Associate Attending Anesthesiologist, St. Luke's Hospital Center, New York City.