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Anesthesia

TRACHEAL STENOSIS Prolonged assisted respiration through a tube inserted into the trachea may result in laryngeal and tracheal stenosis. The mechanism is as follows: during inspiration, the trachea is stretched lengthwise and the larynx descends by several millimeters; during expiration, the opposite movement occurs. This creates friction between the balloon and the trachea. Two stenotic rings were seen in one patient whose endotracheal tube had two cuffs that were intermittently inflated. Endotracheal tubes with mobile cuffs have been designed. The balloon is connected to the tube by an elastic membrane; therefore, the balloon fits the wall of the trachea and the tube can easily follow tracheal movements. Other measures to prevent laryngeal and tracheal stenosis in patients needing prolonged ventilatory assistance should be developed. (*Kleinsasser, O.: Endotracheal Catheters with Mobile Cuffs to Avoid Pressure Lesions of the Tracheal Wall, Der Anaesthetist* 18: 382 (Nov.) 1969.)

HEPATIC NECROSIS Biopsy and necropsy materials from patients who became jaundiced after halothane anesthesia were analyzed and compared with tissues from 81,000 autopsies of patients who had received other anesthetics. Eight cases of massive hepatic necrosis were found: three of the patients had had pre-existing viral hepatitis, and one had had serum hepatitis. The remaining four had all received halothane, and no other process could be invoked as a cause for the hepatic disease. Massive hepatic necrosis was never seen postoperatively except when halothane had been the anesthetic. This indicates that the relationship between halothane anesthesia and hepatic necrosis is not fortuitous. The data incriminate obesity as well as recent previous exposures to halothane as risk factors. The histologic evidence suggests that hepatic necrosis is not a simple sensitization to halothane, but that the initial exposure may produce idiosyncratic necrosis of insufficient extent to produce recognizable signs. (*Peters, R. L., and others: Hepatic Necrosis Associated with Halothane Anesthesia, Amer. J. Med.* 47: 748 (Nov.) 1969.)