

cretions. If this is the case, one conceivably could argue that the accumulation of oral secretions above the cuff is protective.

I believe that Lee's endotracheal tube is a good idea and that it could be of value to aspirate contaminated or acidic tracheal secretions in patients in the operating room and, perhaps more importantly, in the intensive care unit. Combining it with continuous pH monitoring would address our concerns with missing acidic regurgitation episodes, and could provide an alarm indicating need to buffer gastric contents and aspirate above-cuff tracheal secretions.

Pulmonary aspiration of acidic secretions or colonized oral secretions around a soft cuff could be important contributors to nosocomial pneumonias in patients in whom the trachea is intubated. We speculate that an endotracheal tube similar to Lee's, perhaps with built-in pH monitoring, connected to continuous suction may be a means of preventing such aspiration pneumonias.

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### Atypical Serum Cholinesterase Eliminated by Orthotopic Liver Transplantation

*To the Editor:*—In a recent article, Khoury *et al.*<sup>1</sup> showed that a patient's phenotype for serum cholinesterase changed from a heterozygous atypical variant ( $E_1^u E_1^a$ ) to normal ( $E_1^u E_1^u$ ) following orthotopic liver transplantation. This suggests that determination of enzyme character resides entirely within the liver.

However, the authors do not state the exact time for the first blood sample in relation to possible blood transfusions given before or during anesthesia. If the patient received blood from a patient with abnormal serum cholinesterase before the first sample was taken, the possibility exists that the measured abnormal phenotype ( $E_1^u E_1^a$ ) did not represent the phenotype of the patient but, rather, the phenotype of the blood donor; therefore, did the patient receive blood before the first

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*In Reply:*—The patient described in our clinical report was admitted to the hospital a few hours before surgery, and the blood sample was withdrawn before any blood or blood product was administered to the patient preoperatively or intraoperatively.

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We suggest that this hypothesis may be worthy of a prospective evaluation.

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blood sample was taken, and, if so, how far in advance? (The half-life of serum cholinesterase is around 9-11 days.)

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