

## ■ CORRESPONDENCE

Anesthesiology  
83:1130, 1995  
© 1995 American Society of Anesthesiologists, Inc.  
Lippincott-Raven Publishers

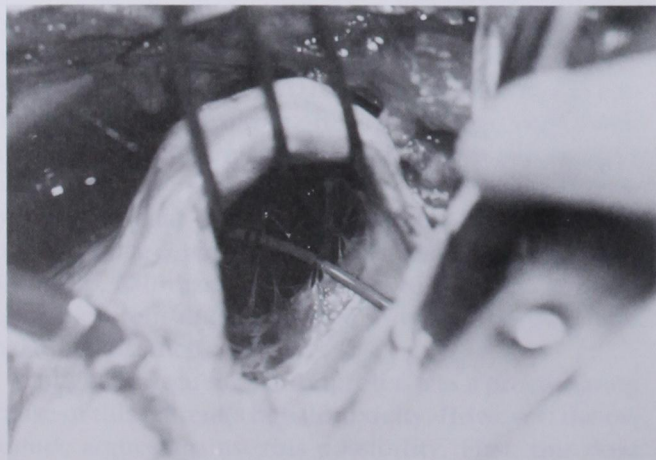
### More on Nasotracheal Intubation in Children

*To the Editor:*—Cox<sup>1</sup> recommended suctioning the nasopharynx before nasotracheal intubation in children to prevent nasal secretions from entering the tracheal tube and possibly the lungs. The following procedure may be used also. The tip of a suction catheter is inserted beyond the distal end of the endotracheal tube. This permits transit through the nasal passage without the tube filling with secretions. If secretions are visualized in the nasopharynx, suction is applied. After tracheal intubation, the catheter is removed while suction is applied to avoid possible contamination with secretions. This procedure is easy and fast and prevents tracheal tube occlusion and lung contamination with nasopharyngeal secretions.

Anesthesiology  
83:1130-1131, 1995  
© 1995 American Society of Anesthesiologists, Inc.  
Lippincott-Raven Publishers

### Pulmonary Artery Catheter Passing between the Chordae Tendineae of the Tricuspid Valve

*To the Editor:*—A 39-yr-old (height 171 cm, weight 50 kg) man was scheduled for mitral valve replacement and tricuspid annuloplasty. Preoperative cardiac angiography showed severe mitral regurgitation and severe tricuspid regurgitation. Cardiac enlargement with a cardiothoracic ratio of 82% was seen on chest x-ray, and atrial fibrillation was present.



**Fig. 1.** The pulmonary artery catheter passing between the chordae tendineae of the tricuspid valve.

**Saussine Max, M.D.**  
Département d'anesthésie-réanimation B  
Hôpital Arnaud de Villeneuve  
371, avenue du Doyen Gaston Giraud  
34295 Montpellier, France

#### Reference

1. Cox RG: Nasotracheal intubation in children. *ANESTHESIOLOGY* 82:1085, 1995

(Accepted for publication July 9, 1995.)

After induction of anesthesia with 5 mg diazepam and 1.5 mg fentanyl, insertion of a pulmonary artery catheter (PAC, Opticath model P7110-EH, Oximetrix, Mountain View, CA) *via* the right internal jugular vein was attempted. The catheter failed to advance from the right atrium into the right ventricle, presumably because of regurgitant flow at the tricuspid valve. The PAC balloon was deflated, after which the catheter tip passed easily into the right ventricle. The PAC balloon was inflated, and the catheter was easily advanced into the pulmonary artery. Insertion length was 48 cm. When the surgery began and the right atrium was opened, the PAC was found to be passing between the chordae tendineae of the posterior leaflet of the tricuspid valve (fig. 1).

If we had not recognized this problem early and had attempted to withdraw the catheter while the balloon was inflated, the chordae tendineae might have been ruptured.<sup>1,2</sup> Although we have not experienced such a complication, the passage of a PAC through the chordae tendineae of the tricuspid valve may not be rare if the catheter is inserted with the balloon deflated in patients with tricuspid regurgitation.

**Motoshi Kainuma, M.D.**  
Associate Professor of Anesthesiology  
**Morimasa Yamada, D.D.S.**  
Assistant Professor of Anesthesiology  
**Toshiyuki Miyake, M.D.**  
Professor of Anesthesiology  
Department of Anesthesiology  
Fujita Health University  
1-98 Dengakugakubo, Kutsukake-cho  
Toyoake, Aich, Japan