

CORRESPONDENCE

severe anaphylactoid reaction during open heart surgery probably caused by protamine. The findings of an elevated tryptase and positive protamine skin tests remain inadequate to answer questions concerning the mechanism of this severe reaction.

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In Reply:—As Kindler and Bircher correctly point out, immunoglobulin E and immunoglobulin G antibodies to protamine were not measured, and, therefore, the precise mechanism underlying our observations remains uncertain. Although I did not have control subjects, I do not think the protamine with concentrations between 10 and 100 µg/ml used in our report induced irritative skin responses. Weiler *et al.*¹ reported that out of 85 patients who were skin tested with 0.001–0.1 mg/ml protamine, only 3 were positive, and the protamine concentration at which these 3 patients showed positive reactions was 0.1 mg/ml.

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Fiberoptic Tracheal Intubation Using a Nipple Guide

To the Editor:—Fiberoptic tracheal intubation of the infant may be assisted *via* a laryngeal mask airway (LMA), a standard mask, or a ventilating mask.¹ Of these devices, only the LMA acts as an oropharyngeal-laryngeal conduit, through which a flexible fiberoptic bronchoscope may be placed directly above the vocal cords. Unfortunately, the LMA is poorly tolerated by the awake infant. We describe an alternate device that facilitated fiberoptic bronchoscopic tracheal intubation of an infant with an unstable cervical spine who could not be safely anesthetized before intubation.

A 7-month-old ex-premature infant with a history of bronchopulmonary dysplasia, apnea and bradycardia of prematurity, and chronic respiratory failure that required prolonged intubation was admitted

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