CASE REPORT

MUSCLE SPASM PREVENTING EXTUBATION

BY

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MRS. H., aged 31, was in moderately good health. A partial removal of the maxilla had been carried out three weeks previous for sarcoma. Trismus was now present and the maximum width between her incisor teeth was about ½ in. Her upper side teeth were absent.

At the commencement of the anaesthetic, thiopentone, 400 mg., and suxethonium (Brevedil E) 80 mg., were injected intravenously. The mouth could still not be opened any wider, but after inflation of her lungs with oxygen a methonium was given to relax the jaw sufficiently to insert the mould for the impression, and again repeated for removal of the mould. The operation lasted an hour, the anaesthetic being uneventful. The pharyngeal sponge was removed, and the mouth cleared of blood and debris from the mould.

An attempt was then made to remove the cuffed endotracheal tube. The tube could be withdrawn for ½ in., after which it could not be moved in or out, nor could it be rotated. Each time the tube was pulled upwards, the larynx, epiglottis and tongue were drawn up as well. A laryngoscope was inserted, and it was just possible to see the upper part of the cuff in the larynx. It was thought that the cuff might still be inflated, due to a blockage in the small inflating tube, although the pilot balloon was deflated. However, even when the pilot balloon and part of the tubing had been cut off, the characteristic elastic feel of the cuff was felt on injecting air. Nevertheless, withdrawal of the air from the cuff did not allow the tube to be withdrawn. By this time the patient was regaining consciousness and nitrous oxide and oxygen were again administered.

Since the tube had, in the first instance, been inserted fairly easily following the administration of a relaxant, it was...
decided to try the effect of relaxation, the possible dangers of apnoea and inhalation of blood being borne in mind. An intravenous injection of 15 mg. suxamethonium produced apnoea, when the tube could be immediately withdrawn, although it still felt a tight fit in the larynx. Within a very few seconds spontaneous respiration started, without the need for artificial ventilation, and shortly afterwards the patient regained consciousness. Her condition seemed satisfactory and she was returned to the ward. A watch was kept for the onset of any sequelae. None occurred, and when the patient was seen three hours later, she could cough and phonate, and apart from her palatal deficiency, talk normally. Her general condition was good, and it remained so.

The cuff on the tube was a relatively thick one, and this must have added considerably to the outside diameter of the tube. The manipulations to remove the cuffed tube occupied about 30 minutes.

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WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS

With reference to the notice under this heading which appeared at page 123 of the March issue of the Journal, the date of the first Congress of the World Federation of Societies of Anaesthesiologists has now been fixed as September 5–10, 1955.