Imaging of the axillary vein

Editor—In figure 3a of the recent article on imaging of the axillary vein,1 from a radiological point of view and according to line A in figure 2, the bright structure that you named rib cage may be either rib cage or lung pleural interface. You can differentiate between them by their posterior shadowing as the rib cage has dark shadow and the lung pleural interface has a bright layering shadow with linear comet tail artifacts and as you cannot ask the patient to catch his breath you may see both of them alternately so the posterior shadowing is important. The lung pleural interface carries the risk of pneumothorax if penetrated by the needle then the vein in line C is safer for puncture than line A and B C.

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This letter was originally submitted as an E-letter.

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Morphine-induced pruritus after spinal anaesthesia

Editor—I fully agree with the comments made about the ultrasound appearances of chest wall, ribs and pleura, and the safer site for puncture being more lateral. We have reported this approach in a subsequent clinical series of 200 patients.2

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2 Borgeat A, Sürnemann HR. Ondansetron is effective to treat spinal or epidural morphine-induced pruritus. Anesthesiology 1999; 90: 432–6

Uvula necrosis—an unusual cause of severe postoperative sore throat

Editor—We would like to present a case of uvula necrosis after an otherwise uneventful intubation and anaesthetic. A 38-yr-old woman presented for an abdominoplasty. She had no significant past medical history, was a non-smoker and there was no history of recent upper respiratory tract infection. Intubation of the trachea was straightforward with a grade 1 view using a Mackintosh blade and a size 7.5 cuffed tracheal tube. The anaesthetic and extubation were uneventful and blind suctioning was not performed. In the recovery room she complained of a sore throat.