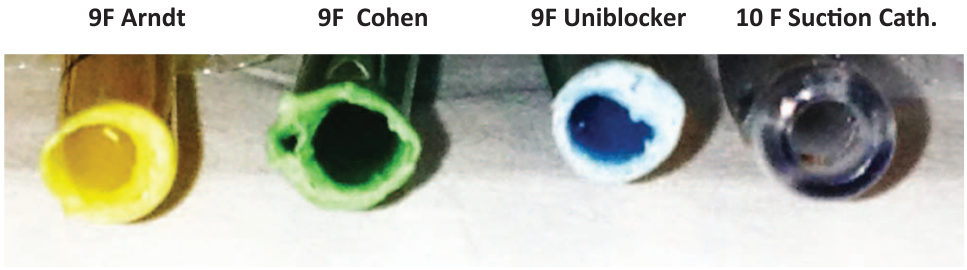

Fig. 1. Cross-section of three 9-French endobronchial blockers Arndt, Cohen, and Uniblocker compared with a 10-French suction catheter.

an option. However, that would expose the patient to the potential risks of contamination when the lung isolation is abolished.

Mourisse *et al.* comment that intermittent suctioning increases the risk of negative pressure pulmonary edema. Intermittent suctioning is the routine practice of many anesthesiologists and one that I have used in hundreds of patients without any complications. Surely, if the risk was significant, the literature would have been flooded with case reports of pulmonary edema.

With regard to the confusion concerning the low-volume, high-pressure cuff of the EZ-blocker, I like to thank the authors for the clarification. The occluding cuff pressure of the Cohen, Arndt, and the Uniblocker is between 30 and 40 cm H_2O.[2] If the cuff of the EZ-blocker has a high pressure of 110 cm H_2O, I would advise caution when using the EZ-blocker for an extended time to avoid the risk of mucosal damage if the bronchial venous circulation is compromised.

No device is perfect. Anesthesiologists should be familiar with the advantages and the disadvantages of each device and select the one that is best for his/her patient.

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References

1. Cohen E: Back to blockers? The continued search for the ideal endobronchial blocker. Anesthesiology 2013; 118:490-3
2. Roscoe A, Kanellakos GW, McRae K, Slinger PD: Pressure exerted by the endobronchial devices. Anesth Analg 2007; 104:655–8

(Accepted for publication June 19, 2013.)

Cuffed Endotracheal Tubes Are Okay for Neonates

To the Editor:

I have read the article by Sathyamoorthy *et al.*[1] and was surprised to hear that they have noticed a higher than expected incidence of stridor after using the Microcuff (Kimberly-Clark, Roswell, GA) endotracheal tube (ETT) in neonates. They reported that on three neonates who after being intubated with these cuffed ETTs, each had significant postoperative stridor. Most interesting to me was that in each of the cases, no attempt was made to establish whether there was a functional leak at ventilation pressures above 20 cm H_2O after intubation. In two of these cases, air was injected into the ETT cuff, and still no measurement was made as to how much ventilation pressure the tube sealed at. After intubation in all pediatric cases, it has always been the standard of care to make sure that the ETT leaks above 20 cm H_2O to ensure that the tube is the correct fit. This is regardless of whether you are using a cuffed or uncuffed ETT. The only difference being that when using a cuffed ETT, you select a smaller size than the traditional formula[2] and inflate the cuff until the leak is at 20 cm H_2O. If there is no leak, then the ETT is replaced with the next smaller size and the process is repeated. Recommendations or formulas are only a rough guideline to ETT sizing, and the functional test is always the proper way to minimize errors. In all three of the cases from Sathyamoorthy *et al.*,[1] the likely problem is that the ETT was too large for the given patient. The conclusion by Sathyamoorthy *et al.* to "exercise caution" in using the Microcuff ETTs until evidence confirms they are safe for neonates is not warranted. It would appear that their technique is more likely to be at fault than the Microcuff ETT.

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References

1. Sathyamoorthy M, Lerman J, Lakshminrusimha S, Feldman D: Inspiratory stridor after tracheal intubation with a MicroCuff® tracheal tube in three young infants. Anesthesiology 2013; 118:748–50
2. Khine HH, Corddry DH, Kettrick RG, Martin TM, McCloskey JJ, Rose JB, Theroux MC, Zagnoev M: Comparison of cuffed and uncuffed endotracheal tubes in young children during general anesthesia. Anesthesiology 1997; 86:627–31; discussion 27A

(Accepted for publication June 25, 2013.)