

The operation performed was resection of the terminal ileum and ascending colon, with moderate blood loss involving one unit of replacement. At approximately five hours after induction of anesthesia the operation ended, the patient was extubated and he awakened in the operating room answering questions rationally. He was taken to the recovery room with normal vital signs. There he developed Jacksonian type grand mal seizures one-half hour after entering. The convulsion began on the right side and lasted approximately 15

minutes. He was treated with Dilantin and phenobarbital parenterally. At 2:00 a.m. a similar incidence of grand mal convulsions occurred and was similarly treated. At 8:30 a.m., 19 hours after the termination of operation, the child was quiet, lucid, and asymptomatic.

This case is reported to illustrate how it is possible for a clinician to label respiratory obstruction "chest wall spasm" or "bronchospasm" while an entirely different reason may be responsible.

### "Uninflatable" Inflatable Cuffs

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A cuffed spiral endotracheal tube was inserted to establish the airway for the maintenance of anesthesia for a craniotomy. The cuff, complete with pilot balloon, was inflated, prior to intubation, to insure absence of a leak. The patient was maintained on nitrous oxide, oxygen, curare and hyperventilation technique. Despite the fact that the cuff remained continuously inflated, it was impossible to prevent escape of gases from around the tube. Eventually a vaseline gauze pack was inserted and the operation was completed without further difficulty. On examination of the endotracheal tube it was found that the inflating tube was incorporated in the proximal end, and that the lumen could be easily occluded by subsequently inserting the endotracheal connector beyond a certain depth. Inflation of the cuff following intubation and fixation of the adaptor or connector can, if the pressure is gauged by

the tension of the pilot cuff only, give a misleading impression and a false sense of security (fig. 1). Also, despite deflation of the pilot balloon, extubation with a fully inflated cuff can result in trauma to the respiratory passages. Preliminary inflation of the cuff, following insertion of the endotracheal connector would have avoided this potentially dangerous situation.

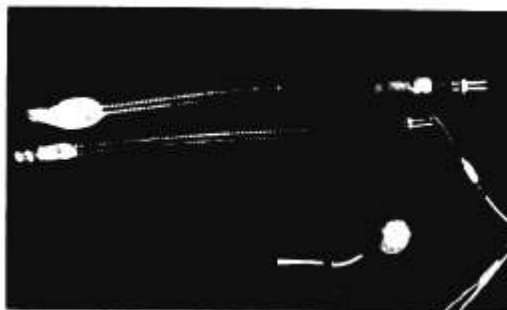


FIGURE 1.

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