Downloaded from http://asa2.silverchair.com/anesthesiology/article-pdf/66/2/256/312530/0000542-198702000-00035.pdf by guest on 09 April 2024

tube in respect to the potential danger of high pressure developed on the bronchial wall. After ensuring the correct tube position, the measurements were taken using an aneroid manometer, as described by Cox.<sup>5</sup> The observations were taken at the same time, at the beginning of the anesthesia, to avoid the influence of the N<sub>2</sub>O on the pressure of the cuff.

There was a statistical difference (P < 0.001) between the two groups, as the pressures for the PVC tubes were  $56.25 \pm 21$  mmHg against  $129.75 \pm 41.25$  mmHg recorded for the Carlens tubes. These data showed that the PVC tubes presented smaller pressures in the bronchial cuff than those recorded for the Carlens tubes. These findings suggest that the risk of damage on the bronchus can be decreased by the use of PVC tubes.

P. P. RUIZ NETO, M.D. Assistant Anesthesiologist

Department of Anesthesiology University of Sao Paulo Medical School Brazil

## REFERENCES

- Guernelli N, Bragaglia RB, Briccoli A, Mastrorilli M, Vecchi R: Bracheobronchial ruptures due to cuffed Carlens tube. Ann Thorac Surg 28:66-68, 1979
- Heiser M, Steinberg JJ, McVaugh H, Klineberg PL: Bronchial rupture, a complication of the use of the Robertshaw doublelumen tube. ANESTHESIOLOGY 51:88, 1979
- Foster JMG, Lau OJ, Alimo EB: Rupture of bronchus following endobronchial intubation. Br J Anaesth 55:687-688, 1983
- 4. Burton NA, Fall SM, Lyons T, Graeber GM: Rupture of the main stem bronchus with a polyvinylchloride double-lumen tube. Chest 83:928-929, 1983
- Cox PM, Schatz EM: Pressure measurements in endotracheal cuffs. A common error. Chest 65:84–87, 1974

(Accepted for publication October 29, 1986.)

Anesthesiology 66:256, 1987

## Carcinogenic Potential of Nitrous Oxide

To the Editor:—Baden et al. 1 found no evidence that nitrous oxide lifetime exposure has any carcinogenic potential in mice. While this is reassuring to anesthesiologists, our oncology patients may not fare so well. Shapiro et al. 2 have shown that anesthetic drugs accelerate the progression of postoperative metastases of mouse tumors after a short, surgical exposure. Halothane, ketamine, thiopental, and nitrous oxide were implicated, although the mechanisms of each may differ. 3 The applicability of these findings to humans remains to be clarified, but, as Baden et al. state, "Numerous studies have indicated that results of lifetime studies in small rodents predict the carcinogenic potential of a drug in humans." How much more so a short, surgical exposure?

DR. DAVID Z. N. FRANKEL Senior Anesthesiologist

Shaare Zedek Medical Center P.O.B. 293 Jerusalem, Israel 91 000

## REFERENCES

- Baden JM, Kundomal YR, Luttropp ME, Mazze RI: Carcinogen bioassay of nitrous oxide in mice. ANESTHESIOLOGY 64:747– 750. 1986
- Shapiro J, Jersky J, Katzav S, Feldman M, Segal S: Anesthetic drugs accelerate the progression of postoperative metastases of mouse tumors. J Clin Invest 68:678-685, 1981
- Katzav S, Shapiro J, Segal S, Feldman M: General anesthesia during excision of a mouse tumour accelerates postsurgical growth of metastases by suppression of natural killer cell activity. Isr J Med Sci 22:339-345, 1986

(Accepted for publication November 3, 1986.)

Anesthesiology 66:256-257, 1987

In Reply:—We wish to thank Dr. Frankel for his comments. He correctly points out that, although there is no evidence that commonly used inhaled anesthetics are themselves chemical carcinogens, it is possible that they may accelerate the progression of preexisting tumors. The

animal studies he cites to support this contention are, in fact, the most recent of a number of similar studies stretching back over 70 years. <sup>1-4</sup> The possible mechanisms for such acceleration could include changes in neuroendocrine function, blood clotting, host immunological re-