

■ CORRESPONDENCE

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Cervical Spine Stabilization

To the Editor:—We read with interest the article by Hastings and Wood¹ concerning head extension and laryngoscopic view during cervical spine in-line stabilization maneuvers. They state that an assistant may apply axial traction to the head of a patient with known or suspected cervical spine injury to stabilize the head and neck during laryngoscopy. However, in a study of cadavers with unstable cervical spines, axial traction on the cervical spine has been shown to cause significant subluxation as well as distraction and, therefore, cannot be recommended.² The degree of movement depends on the direction of the traction and the integrity of the surrounding tissues.

Clearly, further studies are required regarding the airway management of patients with known or suspected cervical spine injury, including effects on neurologic outcome.

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In Reply:—Thank you for the opportunity to respond to Gajraj and Pennant's letter. Although axial traction has been recommended in the past,³ the possibility that such a maneuver might distract the spinal cord in patients with unstable cervical spines is concerning and is probably the reason that some authorities now recommend that the assistant applying stabilization "attempt to balance the forces exerted by the intubator" rather than apply active axial traction.¹ We do not use axial traction in our clinical practice.^{2,3} We did not discuss spinal cord distraction in our paper because the risk is currently only theoretical. Cord distraction has been demonstrated in the cadaver study mentioned by Gajraj and Pennant,⁴ and sudden worsening of neurologic deficits has been reported when traction is applied for spine stabilization⁵ or to expose C7 on radiographs,⁶ but axial traction has never been reported to have an adverse effect on outcome in the setting of direct laryngoscopy. Our study focused on the effects of stabilization maneuvers on the amount of head extension

* Bagetz MS, Katz JA: Airway management of the trauma patient. *Semin Anesth* 4:114–123, 1985.

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necessary to perform direct laryngoscopy. The results suggested that head extension was likely to be minimized when downward immobilization was used in preference to axial traction.

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When Is Ethnicity Relevant in a Case Report?

To the Editor:—With reference to a recently published case report of a 29-yr-old woman with a bronchial trifurcation at the carina, we fail to understand the medical or epidemiologic relevance of describing the patient as "Hispanic".¹ The term Hispanic refers to a cultural group, not a racial group. Hispanics may be white, black, Asian, or any other race.² The 1990 Census considers persons to be of Spanish/Hispanic origin if the person's origin or ancestry is Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Argentinean, Colombian, Costa Rican, Dominican, Ecuadorian, Guatemalan, Honduran, Nicaraguan, Peruvian, Salvadoran; from other Spanish-speaking countries of the Caribbean or Central or South America; or from Spain.³ In fact, the only real prerequisite for being Hispanic is self-identification. For federal data collection purposes, Hispanic persons are those who say they are Hispanic. A large number of Hispanics in the United States are bilingual. Thus, this classification does not necessarily mean that the individual cannot speak English. The term Hispanic has caused controversy in the past and has been associated with derogatory remarks. A number of alternative terms have been used by Hispanic-Americans to name themselves, including Spanish or Latino.

Our comments should not be interpreted as excessive sensitivity nor to suggest that the term "Hispanic" should not be used. We

suggest avoiding labeling patients in a scientific publication, unless the description adds relevant, pertinent, and useful information.

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In Reply:—Ortega and Willock make several excellent and thoughtful points. The use of the adjective "Hispanic" has no useful medical or epidemiologic purpose in our article¹ that I know of. I thank Ortega and Willock for their culturally sensitive comments.

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