

USE OF DEEP CERVICAL HALO IN THE PRESERVATION OF TRACHEOSTOMISED AIRWAY IN PRONE POSITION

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Dear Sir,

With great Interest we have read the case report, Intraoperative airway obstruction related to tracheostomy tube malposition in a patient with achondroplasia and Jeune's syndrome¹ but I am of the view that the same airway could have been preserved and author's decision of abandoning the case in the first instance and later removing the tracheostomy tube and replacing it with an armoured tube in the subsequent instances could have been modified, so that repeated manipulation of airway in such cases could have been avoided and procedures could have been accomplished in a routine manner.

With reference to this case we want to emphasize that though the authors have nicely described the case report but the figure b shows that it is not the weight but the curvature/angle of breathing circuit brushing to the operation theatre table which is causing the tube to block over the inner surface of trachea. I analyze two points in this favour one that if the tracheostomised tube is sutured to the neck as it is usually done the weight of the tube in fact will help in the making curvature of the tube if it is in the deep cervical halo.

Although practice guidelines and algorithms may help in such situations, but the anesthesiologist's decision and vigilance remain the primary means to manage such situation. Apart various airway adjuncts the use of tracheostomy as an advance airway management procedure is also widely described².

To conclude, the airway management of tracheostomised patients in prone position can be modified by increasing the depth of cervical halo so that airway management can be simplified and potential trauma to the airway could be avoided.

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