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## LETTER TO THE EDITOR

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### USE OF THE TUBE EXCHANGE CATHETER IN PATIENTS WITH A TRAUMATIZED AIRWAY

I read with interest the case report of Karci et al about the use of airway exchange catheter (AEC) in a patient with Down's syndrome who suffered from severe suprasternal retraction and subcutaneous emphysema secondary to tracheal injury due to a foreign body, with a consequent tracheal rupture. The emphysema progressed rapidly following tracheal intubation and mechanical ventilation. Bronchoscopy was required for diagnosis and for removal of the foreign body, and for treatment of the suspected tracheal rupture. The AEC was inserted for tracheal extubation before bronchoscopy<sup>1</sup>.

During the tragic events in Lebanon 1975-1990, we came across many patients suffering from faciomaxillary injury. In some of these patients, the Cook TEC was used during direct laryngoscopy to facilitate tracheal intubation. Also, it was reintroduced via the tracheal tube lumen before extubation, to facilitate tracheal reintubation if indicated, and to maintain post operative oxygenation if required (Fig. 1).

**Anis Baraka, MD, FRCA (Hon)**  
Emeritus Professor of Anesthesiology  
American University of Beirut

*Fig. 1*  
*At the end of surgery, the exchange catheter was reintroduced via the tracheal tube lumen, and the trachea was extubated, while the exchange catheter was left in situ to maintain oxygenation, and to facilitate tracheal reintubation if required.*



#### References

1. AYSE KARCI, SEDEN DARU, ELVAN OCMEN AND VOLKAN KARACAM: Use of airway exchange catheter for bronchoscopy of a patient with Down's syndrome. *ME J Anesth*; 2013, 22(2)187-190.

