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Quick response code

Laryngeal mask airway for transsternal thymectomy in myasthenic patients

Sir,

We read with interest the excellent article, 'Use of ProSeal® laryngeal mask airway (LMA) and thoracic epidural in myasthenia patients for transsternal thymectomy: A case series' by Simon *et al*.[1] We are pleased that our case series on LMA use for transsternal thymectomy in patients with myasthenia gravis was cited.[2]

We want to draw attention to one point discussed in the article.[1] The authors mention that 'ProSeal® LMA' has major advantage over the classic LMA and state, referring to our publication, that '…there are similar successful case reports using ProSeal® LMA, but our technique remains unique….' However, our case series consisted of use of classic LMA for transsternal thymectomy in patients with myasthenia gravis. The authors mention the disadvantages of the classic LMA use for transsternal thymectomy in patients with myasthenia gravis, then mention the advantages of ProSeal® LMA, citing our article,[2] and said that these results support the superiority of the authors' novel technique. This appears to be a misinterpretation of what we attempted to convey through our article because we used only classic LMA in our patients.[2]

The use of LMA causes less airway resistance than the endotracheal intubation which can, in turn lead to decreased pulmonary complications such as lesser incidence of atelectasis, less risk of pulmonary infections and reduced bronchoconstrictive reflex.[3] The use of LMA also causes fewer bouts of coughing and exerts a lesser effect on mucociliary activity than the endotracheal intubation.[4,5] The major advantage of the use of LMA for airway control is that no muscle relaxant is needed in myasthenic patients.[6] We think that the use of LMA (classic LMA or ProSeal® LMA) is a good alternative for transsternal thymectomy with total intravenous anaesthesia in myasthenic patients when compared to endotracheal intubation.

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