To the Editor:

Sabina McMahan et al report about the pharyngeal-tracheal lumen (PLT) airway in *Prehospital and Disaster Medicine* (1992;7:13–18.). We have gathered considerable experience with an airway management device that is similar in some ways.

The device (Combitube, Sheridan Catheter Corp., Argyle, N.Y., USA) is a recently developed twin-lumen, airway management device which can be inserted without the use of a laryngoscope. The "tracheal" channel acts as a conventional endotracheal airway with an open distal end. The "esophageal" channel is blocked by an obturator at the distal end with openings at the pharyngeal section. Depending on the position of the tube, the inflated distal cuff obturates either the esophagus or the trachea. At the oropharyngeal section, a balloon obturates mouth and nose and adjusts the airway to optimal position, and guarantees strong anchorage during ventilation and transport of the patient. Test ventilation is started through the tube leading to the "esophageal" lumen. The air is directed into the pharynx and from there around the epiglottis into the trachea. If auscultation proves gastric insufflation and no lung ventilation, the device has been placed tracheally. In this case, ventilation has to be changed to the "tracheal" tube.

The literature on this device gives good evidence that this combination tube allows adequate ventilation independent of the airway position in esophagus or in trachea.[1–6] In our experience in the emergency department and in prehospital use, no performance problems, as mentioned by the authors in the PLT study, have turned up. We have not seen any cases of inadequate seal or inadequate ventilation; tube slippage or movement is prevented successfully by the pharyngeal balloon. Up to now, not a single case of unrecognized misplacement was reported.

This device (Combitube) provides successful airway management when endotracheal intubation fails due to anatomic difficulties or adverse circumstances. Therefore, it can be of very good use, especially in the prehospital and disaster setting.

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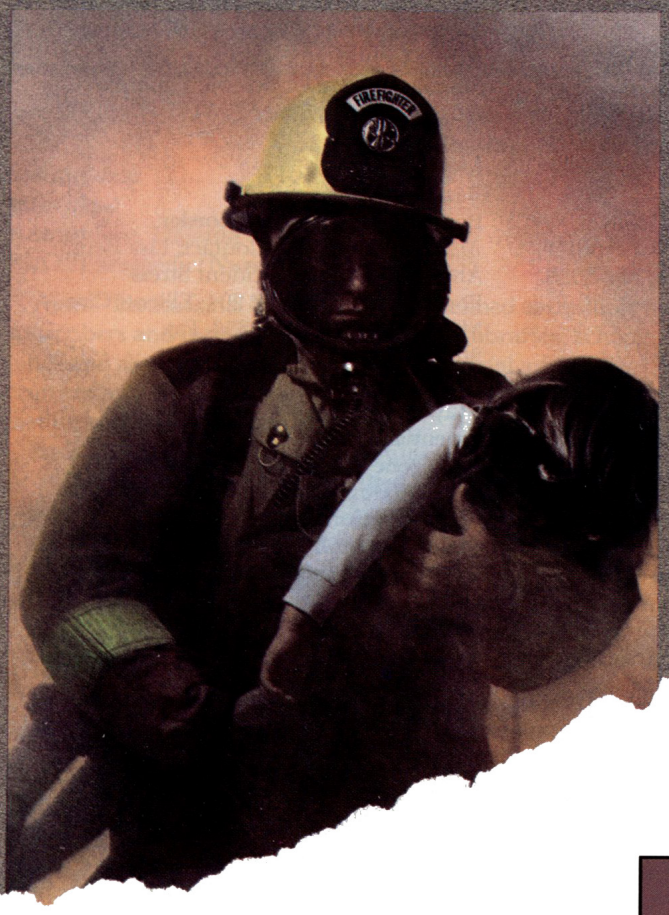

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