

# Malpractice issues in modern anaesthesiology

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## EDITOR:

Malpractice issues in anaesthesiology remain a continued concern for practicing anaesthesiologists. The review by Mavroforou and colleagues [1] is both timely and comprehensive and will undoubtedly assist many anaesthesiologists when they attempt to provide full and informed consent to patients before their operations.

We were particularly interested in the views of Mavroforou and colleagues [1] on perioperative nerve injuries. Of particular interest is that this complication is one of the most commonly occurring, shows no sign of decrease in frequency and often occurs despite significant efforts to avoid it.

We have previously described a patient [2] who suffered such a complication, but on further testing was found to suffer from the genetically inherited condition 'hereditary neuropathy with liability to pressure palsies' (HNPP). This syndrome was first described by de Jong in 1947 [3] and is characterized by monofocal nerve palsies occurring at anatomically vulnerable sites such as the wrist, elbow or lower leg. Despite this being a relatively common abnormality (occurring at about 16 per 100 000), this is the first patient described in the anaesthetic literature. Diagnosis is first suggested by nerve conduction studies and later by molecular genetic analysis.

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At that time we highlighted the possibility that some patients who develop nerve palsies after an operation may in fact have HNPP. We suggested that along with other predisposing causes of postoperative neuropathy, such as alcoholism and diabetes, a diagnosis of HNPP should also be excluded.

We believe that if clinicians start to examine other potential causes of postoperative nerve injury, in particular to exclude HNPP as a precipitating factor, the incidence of claims made against anaesthesiologists may at last start to reduce.

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# Endotracheal tube obstruction secondary to oral medication

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## EDITOR:

Numerous instances of tracheal tube obstruction have been reported as a result of blood clot or dried secretions [1], endotracheal tube compression or

kinking [2], or cuff displacement [3]. Likewise, tracheal tube obstruction with foreign bodies has been reported including chewing gum [4,5], a piece of a carbon dioxide sampling tube [6] and plastic caps off prefilled syringes [7]. In this case we report an endotracheal tube obstruction due to oral medication.

## Case report

An 84-yr-old female with a long-standing history of obesity, hypertension and non-insulin-dependent

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