ILMA Comparable to Fiberoptic Scope for Difficult Intubation

Researchers in France compared intubation using a fiberoptic scope (FO) and the intubating laryngeal mask airway (ILMA) in patients with anticipated difficult intubation. Difficult intubation was defined as the presence of at least 1 of the following: thyromental distance less than 65 mm, interincisor distance less than 35 mm, or Mallampati class III or IV. Exclusion criteria included impossible intubation (prior impossible intubation, interincisor distance less than 20 mm, or fixed neck flexion deformity), American Society of Anesthesiologists class IV or V, and risk for gastroesophageal reflux disease. Success was defined as intubation within 3 attempts.

One hundred adults were randomized to undergo intubation by either FO or ILMA under general anesthesia augmented by topical lidocaine. Success rates were 92 percent (45/49) in the FO group and 94 percent (48/51) in the ILMA group. All 7 patients whose intubation failed with the assigned method were intubated successfully within 2 attempts with the other method. All 3 ILMA failures occurred in patients who had undergone prior cervical radiotherapy. Adverse events (desaturation, bleeding, and bronchospasm) occurred significantly more often in the FO group than the ILMA group (18 percent vs. 0 percent).

Comment: The ILMA certainly is not the ideal solution for all difficult intubations, but its ability to ventilate independent of its facilitation of intubation makes it appealing for ED use. Patients in this study were fasted; additional data are needed on the risk for aspiration with the 2 methods in unfasted patients.

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