

## An application of a reinforced laryngeal mask airway to anesthesia for dental treatment

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To the editor: A laryngeal mask airway (LMA) can be put in the proper position with no harm to the trachea. It will have little influence on the vital signs [1], and provides spontaneous ventilation. Nevertheless, no LMA is used in anesthesia for dental treatment, except for oral surgery [2], because a LMA must be inserted via the mouth.

A reinforced laryngeal mask airway (RLMA: LMA-Flexible, Laryngeal Mask Company, Jersey, UK) has a tube part which can be bent without obstruction because it is reinforced with a spiral wire. With the RLMA, we could administer more than 300 cases of outpatient anesthesia for dental treatment without any problems [3].

The tube part may be put in the oral vestibule opposite to the operating site, bound to the skin of the face with adhesive

tape, and reinforced with a mouth prop in order to keep it in the proper place (Fig. 1A).

Pushing the tube with a finger into the oral vestibule and the retrodental space opposite to the treatment site would make it possible to examine and transfer the patient's occlusion (Fig. 1B).

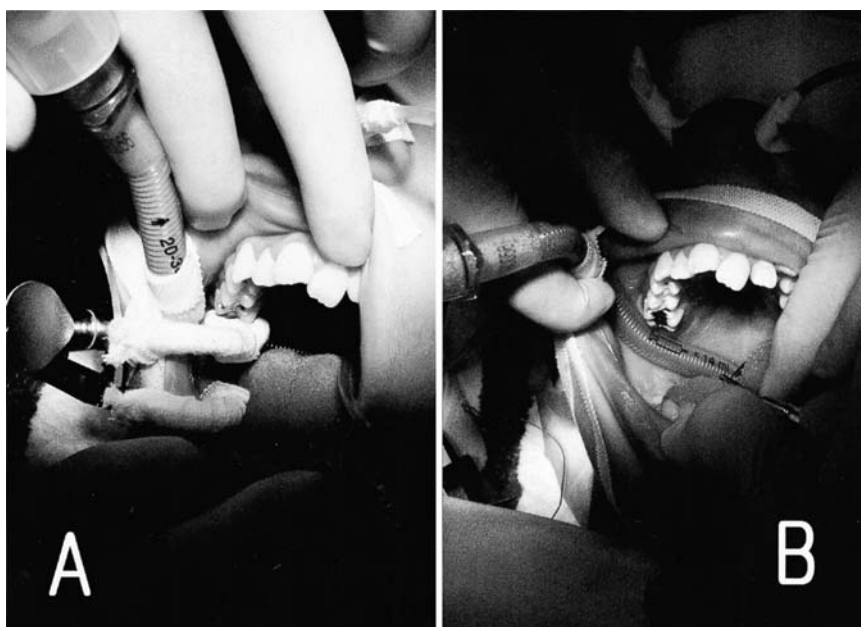
Because of the flexibility of the tube, either dislodgement of the mask part or obstruction of the tube part could occur. Therefore, vigorous monitoring with capnography throughout the treatment will be required. Packing gauze into the pharynx can prevent the dislodgement of the mask part.

## References

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**Fig. 1.** **A** A reinforced laryngeal mask airway (RLMA) in the proper place. Note that the tube part of the RLMA is in the oral vestibule. **B** Keeping the tube part of the RLMA in the oral vestibule and retrodental space with a finger while examining and transferring patient's occlusion