To the Editor:

The insertion of a transesophageal echocardiography (TEE) probe during general anesthesia is usually performed in a blind manner. However, blind manipulation occasionally encounters difficulties in directing the probe tip into the esophageal orifice. This could potentially cause injuries to the oral and pharyngeal mucosa. Here, we introduce a method in which the Airtraq laryngoscope (Prodol, Vizcaya, Spain) is used as an introducer. The device is designed for endotracheal intubation. The anatomically designed blade has both an optical system and a conduit for a tracheal tube. The TEE probe can be placed in the conduit instead of the tracheal tube (Fig 1). Similar to endotracheal intubation, the TEE probe can be inserted easily under optical control. The Airtraq is significantly rugged compared with the TEE probe, and, hence, it is less susceptible to damage and provides easy maneuverability of the TEE probe. Even when the esophageal orifice is not identified through the viewfinder of the scope, the thick blade could provide the potential space for advancing the probe tip into the pharynx. We attempted this method in a patient with difficult blind insertion of the TEE probe and were successful in inserting the probe quickly and without any assistance. Since that attempt, many operators at our institution have elected to use the Airtraq to insert the TEE probe, especially in patients with...
difficult insertion. The Airtraq-aided esophageal introduction of the TEE probe is a safe and simple method during general anesthesia.

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REFERENCES
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An Intracardiac UFO

To the Editor:

A 47-year-old woman with a past medical history of mitral valve disease underwent an uneventful mitral valve replacement with a bileaflet mechanical prosthesis during isoflurane, fentanyl, and pancuronium anesthesia. A transesophageal echocardiogram (TEE) conducted after the placement of epicardial pacing electrodes, separation from cardiopulmonary bypass, and removal of aortic, bicaval, and coronary sinus cannulae revealed normal mitral valve prosthesis function and the presence of a highly echogenic, saucer-shaped structure (approximately 3 to 4 mm in diameter) “flying” in the center of the right atrial chamber (Fig 1). The unidentified object moved clockwise in a rapid, continuous, tight elliptical orbit about a central point during systole and appeared to pause completely or reverse direction slightly along the previously traced trajectory during diastole. The object also intermittently disappeared, only to reappear a few seconds later in a similar location. Examination of the object in another tomographic plane (Fig 2) revealed that the structure seen in Figure 1 was a short-axis view of the pulmonary artery catheter (Hospira, Lake Forest, IL; external diameter of 3 mm). The fluid-filled ports of the catheter were probably not visible because of the catheter’s highly echogenic

Fig 1. Two-dimensional TEE image of the highly echogenic unidentified “flying” object (UFO) in the right atrium.