Societies' Proceedings

SECTION OF LARYNGOLOGY—ROYAL SOCIETY OF MEDICINE

2 February, 1968

Discussion of Dr. D. Campbell's Paper

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Long-term endotracheal intubation in infants had been used in Liverpool for 7 years. Experience had shown that complications due to intubation were commoner after the tube had been *in situ* for more than a week continuously. It was now the practice at Alder Hey Children's Hospital to maintain long-term endotracheal intubation for 1 week only and if it was found necessary to continue intermittent positive pressure respiration for a long period, tracheostomy was considered to be essential. A number of children in whom endotracheal intubation had been maintained for periods of up to 4 weeks had developed sub-glottic fibrosis and the normal ciliated epithelium had been replaced in the subglottic area by squamous epithelium. This had lead to difficulty in the transport of mucus from the tracheo-bronchial tree, through the glottis.

https://doi.org/10.1017/S002221510006984X Published online by Cambridge University Press

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