CORRESPONDENCE

Anaesthesia for massive retrosternal thyroidectomy in a tertiary referral centre

Editor—We read the publication by Dempsey and colleagues with interest. We have a few questions about the report which we hope the authors can clarify.

First, what events actually occurred surrounding the one case of failed intubation. If we followed correctly, they were the only patient undergoing an inhalation induction. What prompted the change from i.v. induction? Do the authors think that this influenced events?

Secondly, regarding laryngoscopy and intubation, was there a poor view or was the view good but passing the tube impossible? Does the case in Table 3 marked as failed under laryngoscopy equate to a grade 4 view and is this the case in question?

Thirdly, in the discussion, the authors make reference to a low incidence of difficult intubation. Is one in 20 (5%) not regarded as a high incidence?

We would be grateful for more information regarding these difficult cases, so we can learn further from others’ experience.

Declaration of interest
None declared.

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Critical illness-related corticosteroid insufficiency in cardiogenic shock

Editor—We read with interest the case report regarding critical illness-related cortico-steroid insufficiency (CIRCI) from Aslam and colleagues, particularly as it is published in the same issue of the BJ A as our review on the hypothalamic–pituitary–adrenal (HPA) axis in critical illness and major surgery. The case report clearly illustrates the current problems with our understanding of the HPA axis at this time and how difficult it is to diagnose and treat CIRCI, if indeed such thing exists at all. While we are delighted that there was a good outcome for the patient, this case report clearly demonstrates why robust studies of HPA axis function in critical illness are still required. First, a cortisol level of 8 µg dl⁻¹ (220 nmol litre⁻¹) is within the ‘normal’ range. There is no clear evidence that haemodynamic compromise occurs with anything other than absolute cortisol deficiency around the time of major surgery.