

Comparison of Halothane and Isoflurane for Laryngeal Mask Insertion in Pediatric Patients

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The laryngeal mask airway (LMA) is particularly useful when endotracheal intubation is either undesirable or impossible. It has been used increasingly in pediatric anesthesia. However, airway stimulation during insertion, maintenance, and removal of the LMA may cause coughing and laryngospasm. Since increased airway irritability had been reported during isoflurane anesthesia, we doubted whether isoflurane was clinically suitable for general anesthesia using the LMA. We compared the induction and recovery time, time for successful insertion of the LMA, and the LMA-related complication during isoflurane anesthesia in unpremedicated children under 6 years of age to those during halothane anesthesia. There was no significant difference in the induction time, time for successful insertion of the LMA, recovery time, or LMA-related complications between isoflurane and halothane anesthesia. In conclusion, isoflurane should be as suitable as halothane for general anesthesia via the LMA in pediatric patients.