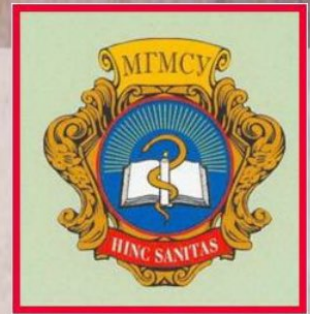




# Laryngeal Mask Use in Outpatient Dental Surgery at oligofren patient



Moscow State University of Medicine and Dentistry  
named after A.I. Evdokimov  
Russia

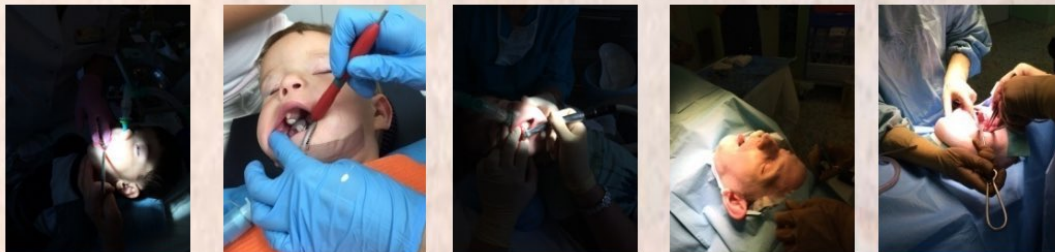


Rabinovich S Zavodilenko L  
[solomon-rabinovich@mail.ru](mailto:solomon-rabinovich@mail.ru)

**Aim.** To compare airway potency with laryngeal mask (LM) and intranasal airway (IA) during dental surgery at oligofren patient.



**Methods.** 32 ambulatory dental patients with oligophrenia (ASA I-II) were randomly allocated in group A (n=15) used LM and group B (n=12) used IA. Both groups received propofol and N<sub>2</sub>O/O<sub>2</sub>=2/1 from spontaneous breathing with infiltration anesthesia articaine (4%). Clinical studies (BP, heart rate, SpO<sub>2</sub>, breath frequency) were analyzed: before and after induction, the most traumatic stage, after anaesthesia and surgical intervention.



**Results.** After induction was observed mild hypotension-less 8% of basic level (p<0,05), decreased tidal volume (p<0,05). During other stages of significant changes of haemodynamic and breath wasn't. LM was successfully placed after first attempt in 100% cases. LM tolerability was satisfactory and did not demand anaesthesia depth. There were no ventilatory or gas exchange complications. Spontaneous ventilation was 16±0,1 breath per min. SpO<sub>2</sub> 98-100%. IA installation required more time. Fixing of the lower jaw by the anesthesiologist for maintenance of possibility of airways was required for all patients. Spontaneous ventilation was adequate SpO<sub>2</sub> 98-100% but with mild tachypnea 22±0,3 breath per min. IA did not provide prophylactic of aspiration.



**Conclusion.** LM demands less time than IA for installation, less traumatic, prevent possible translocation of the soft tissues, provide better airway potency and ventilator control.