

Versatile Magills: An indispensable part of an anaesthesiologist's armamentarium

Sir,

The Magill forceps is a valuable instrument which has proved to be handy in various situations like: Aiding the passage of an endotracheal tube into the larynx (e.g., nasal intubation), aiding gastric tube passage into the esophagus, removing foreign bodies from the airway/pharynx and placing pharyngeal packs in case of bleeding [1,2].

Here we report a case of 1.5-year child scheduled for excision of a large size ranula in the anterior part of the tongue, where Magills came to the rescue during airway manipulation (Figure 1). Because of the large cystic mass occupying the anterior part of the oral cavity, we anticipated the following difficulties: Difficult mask ventilation, and poor candidate for awake fiberoptic intubation. The difficult airway cart was kept ready. The plan was inhalational induction followed by laryngoscopic intubation. 22 G IV cannula was *in situ*. The child was premedicated with midazolam 0.02 mg/kg and 1 ug/kg fentanyl. Inhalational induction with sevoflurane was done and an oral airway sized 0 was inserted. Because of the large size of the ranula, there was less space for the insertion of laryngoscope. After deepening the plane of anesthesia, a Magills forceps was used to pull the tongue

out anteriorly. This created a space for the laryngoscope to be inserted following which intubation with uncuffed endotracheal sized 4.5 was done. The whole procedure was uneventful with no intraoperative complications.

Although our difficult airway cart mentions a plethora of equipment such as fiberoptic, bougie, exchange catheters, and a simple instrument like Magills has not found its place [3]. This instrument is cheap, handy and of extreme importance in special scenarios. Hence, we recommend the inclusion of Magills forceps in difficult airway cart as its role is indispensable.

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Figure 1: Child with ranula in anterior part of mouth

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