

The second patient, an elderly woman with congestive heart failure, was noted to have her feeding tube in her right pleural space on inspection of the chest x-ray that was taken after the feeding tube was inserted. Since the experience with the first patient, mandatory roentgenographic verification of catheter location prior to initiating tube feeding has been emphasized.

As stated by Drs. Schorlemmer and Battaglini, patients with diminished tracheobronchial sensation are a high risk group for nasotracheal intubation using small-diameter feeding tubes. These tubes should be inserted by or under the direct supervision of experienced personnel who are attuned to this problem. More importantly, the wire introducer should not be advanced beyond the nasopharynx, and x-ray verification of catheter location should be mandatory.

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Dear Editor:

We appreciate Dr. Dorsey's letter and agree with him that this complication is probably more frequent than one would suspect. In fact, we have received quite a large number of requests for reprints and several of these were accompanied by letters describing patients with similar problems caused by small-diameter feeding tubes. We agree completely with his recommendation that these small-diameter feeding tubes be inserted cautiously and with appropriate supervision. Verification of the location of the catheter by x-ray examination is indeed mandatory and, if strictly adhered to, should reduce the complication rate.

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