

AUTHORS' REPLY

Dear Sir,

We thank Dr Sharma for his comments⁽¹⁾ and keen interest in our article.⁽²⁾ Transillumination has various uses in the medical field, of which a few have already been highlighted. Some other areas in which transillumination has been used include intubation with the use of a lightwand⁽³⁾ or a Shikani Optical Stylet,⁽⁴⁾ intraoperative location of intramuscular ventricular septal defects⁽⁵⁾ during repair, and for coronary sinus cannulation during cardiac surgery.⁽⁶⁾ Transillumination has also been used in the detection of cracked tooth syndrome and dental caries,⁽⁷⁾ as well as the detection of neonatal pneumothorax and pneumoperitoneum following necrotising enterocolitis.⁽⁸⁾

In addition, there are various indications for the use of transillumination. In providing anaesthesia to small children undergoing cleft lip and palate surgery in our hospital, we have encountered a number of cases when venous cannulation was difficult due to either the dark skin colour or excessive subcutaneous fat in our patients. However, transillumination has proven to be useful in such situations. A number of other devices such as ultrasonography and Vein Entry Indicator Device (VEID), which aid in the detection of venous cannulation, are also available.⁽⁹⁾

Yours sincerely,

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REFERENCES

1. Sharma R. Use of transillumination technique is not limited to venous cannulation only! Singapore Med J 2010; 51:904.
2. Payal YS, Agrawal S, Sharma JP. Use of transillumination technique for venous cannulation in paediatric patients under anaesthesia. Singapore Med J 2010; 51:449.
3. Hung OR, Pytka S, Morris I, et al. Clinical trial of a new lightwand device (Trachlight) to intubate the trachea. Anesthesiology 1995; 83:509-14.
4. Shukry M, Hanson RD, Koveleskie JR, Ramadhani U. Management of the difficult pediatric airway with Shikani Optical Stylet. Paediatr Anaesth 2005; 15:342-5.
5. Wong C, Mason K, Hamilton JR, Hasan A. Intraoperative location of muscular ventricular septal defects. Ann Thorac Surg 2001; 72:1800-1.
6. Esper E, Devineni R, Kolff J. New technique for coronary sinus cannulation using a fiberoptic stylet. Ann Thorac Surg 1994; 57:1349-50.
7. Liewehr FR. An inexpensive device for transillumination. J Endod 2001; 27:130-1.
8. Donn SM. Historical Perspective: Neonatal Transillumination. Neoreviews 2005; 6:112-4.
9. Simhi E, Kacho L, Bruckheimer E, Katz J. A vein entry indicator device for facilitating peripheral intravenous cannulation in children: a prospective, randomized controlled trial. Anesth Analg 2008; 107:1531-5.