Ingenious Solution to Solve a Problem in a Patient with Difficult Airway

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Received: July 26, 2017; Published: September 14, 2017

Abstract

Videolaryngoscopy in difficult airway management improves laryngeal views, with higher frequency of successful intubations and higher frequency of first attempt intubations. Not only, usefulness of videolaryngoscopes has been established by surgeons in previous studies. In our case, ENT surgeon was unable to take samples needed from a biopsy after intubation. This technical problem was solved thanks to the ingenuity, quality and safety that provide these optical devices, with an extraglottic dispositive, the Frova introducer.

Keywords: Airway Management; Extraglottic Dispositive; Videolaryngoscope; Intubation

Introduction

Videolaryngoscopy in difficult airways management improves laryngeal views, with higher frequency of successful intubations and higher frequency of first attempt intubations. However, usefulness of the videolaryngoscope has been established by surgeons in previous studies. We present a difficult airway case in which, after intubation, the ENT surgeon was unable to take samples needed from a biopsy. This technical problem was resolved thanks to the ingenuity, quality and safety that provide these optical devices with another anesthetic tool, the Frova introducer, an extraglottic dispositive.

Case Report

A 57-yr-old man with difficult airway predictors and no previous general anesthesia was scheduled for vocal cord biopsy because of a lesion suspicious for malignancy. Preparation for difficult airway management was accomplished. After general anesthesia induction, direct laryngoscopy revealed Cormack-Lehane 4, so endotracheal intubation was achieved using King Vision® Videolaryngoscope with no incidences. Direct laryngoscopy was performed then by otolaryngologists with no better results. After several attempts no good view of the glottis was achieved in order to take a biopsy, Videolaryngoscope was repositioned then obtaining a good view of the vocal cords and the tumor (Figure 1A). Then, an extraglottic dispositive (Frova introducer) was cut, curved and progressed through the blade’s channel. Finally, a flexible biopsy forceps was progressed through the Frova introducer (Figure 1B), and three biopsy samples were obtained (Figure 1C-1E).

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Conclusion

Meta-analyses of randomized controlled trials comparing video-assisted laryngoscopy with direct laryngoscopy in patients with predicted or simulated difficult airways report improved laryngeal views, a higher frequency of successful intubations, and a higher frequency of first attempt intubations with video-assisted laryngoscopy (Category A1-B evidence) [1].

The usefulness of the videolaryngoscope for surgeons has been established in previous studies, demonstrating that it gives a wide view of the base of the tongue and the ability to take larger and deeper specimens for biopsy [2], and creates a safer operative site making the procedure more uncomplicated in tongue base radiofrequency application [3].

As seen in this case, other anesthetic tools as the Frova introducer can also be very useful, not only for anesthesiologists but for surgeons.

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Bibliography

