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Original Research Paper

Anaesthesiology

MANAGEMENT OF AN UNANTICIPATED DIFFICULT AIRWAY DUE TO AN EPIGLOTTIC CYST.

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ABSTRACT A 60-year-old man posted for PCNL.After being routinely monitored, he was preoxygenated. We induced anesthesia and paralysis with 200 mg propofol, 50 μg fentanyl.Direct laryngoscopy with a Macintosh 3 blade revealed a 2x2 cm cyst, pedunculated, arising from the left side of epiglottis.ET tube couldn't be passed because the cyst was obstructing the view of epiglottis.Patient was awakened and referred to an ENT surgeon.Case was posted for excision of the cyst.Awake intubation with AIRWAY BLOCKS and FIBREOPTIC GUIDED INTUBATION was done.Cyst was removed and Intraoperative period was uneventful.

KEYWORDS : epiglottic cyst, unanticipated difficult airway

INTRODUCTION

Epiglottic cyst constitute 5% of all benign laryngeal lesions.Asherson reported an incidence of large epiglottic cysts of 1 in 4200 laryngoscopies

DISCUSSION:

A 60 year old man was posted for PCNL.Patient had no H/O of hoarseness.stridor,voice change and had no other comorbidities.Airway examination shows Mouth opening 4 cms,Good Jaw protrusion,Thyromental distance >6cms,Full range of neck motion was present,Mallampati grade: ||, Trachea midline.

VITALS: BP: 120/60mmHg,
HR: 87/min
CVS:S1,S2 heard,No murmurs
RS: B/L NVBS.After sending investigations CBP,Coagulation profile,serum Electrolytes, ECG,RBS,RFT,Chest X-Ray PA View.

- Patient was preoxygenated with 100%O2 for 5 min.
- Premeditation given
- Induction with Inj .propofol 200mg I.v
- Inj Fentanyl 50 mcg/kg
- Inj.Suxamethonium 100 mg I.v
- Bag and mask ventilation: Uneventful.
- On laryngoscopes, a large pale,smooth ,epiglottic cyst was seen on left side of the midline of epiglottis.
- ET tube couldn't be passed because the cyst was obstructing the view of epiglottis.
- Patient was awakened and referred to an ENT surgeon.
- Case was posted for excision of the cyst.
- Awake intubation with AIRWAY BLOCKS and FIBREOPTIC GUIDED INTUBATION was done.
- Cyst was removed and Intraoperative period was uneventful.
- Postoperative recovery :Good.
- Postoperative analgesia:Inj .Tramadol 100 mg I.v

This case report illustrates the limitations of the airway assessment and the importance of being prepared for the management of an unanticipated difficult airway for any patient.

CONCLUSIONS

Awake intubation with airway blocks or fibreoptic bronchoscope or tracheostomy with adequate local anaesthetic may be the method of choice. The Boy Scout motto "BE PREPARED" must be the motto.

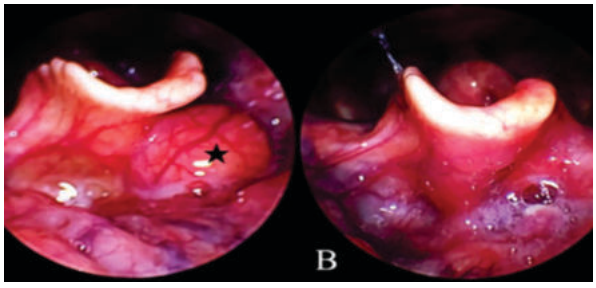

Figure 1: epiglottic cyst Sources: www.googleimages .com

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