Contribution Of Tomographic Imagining In Expected Difficult Intubation

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Abstract

INTRODUCTION

The problems in airway management (inadequate ventilation, difficult intubation) are commonly responsible for the poor outcomes of anesthesia. Repeated multiple translaryngeal endotracheal attempts under direct imagining may lead to acute edema and make ventilation impossible.

CASE REPORT

A 68 year-old woman who was operated 3 times for a goitre was admitted to our hospital because of progressive dyspnea and hoarseness for one month. During the physical examination ortopnea, tachypnea and a stage IV palpable mass was detected in the thyroid locus. Her periferal $O_2$ saturation was 90 %. Computerized Tomography (CT) showed a mass extending from the priforme sinus to the mediastinum, invading the trachea and thereby narrowing the airway excessively.

DISCUSSION

Indifficult intubation cases caused by mass impression, tracheal shift, tracheomalacia, and recurrent laryngeal nerve paralysis with chorda vocalis invasion can often be determined with CT. In such cases, careful induction and spontaneous ventilation can often facilitate successful intubation.

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References

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