SUMMARY

We report a rare cause of pediatric intubation complication caused by an ETT tube stylet.

INTRODUCTION

A stylet is an essential airway adjunct, frequently used to facilitate endotracheal intubation.

There have been several case reports of the shearing of the tip of a stylet. Pieces of metallic or plastic stylets can remain unnoticed in an endotracheal tube, and can cause obstruction later.

CASE REPORT

8 week old, 28-week premie baby presenting for pyloromyotomy was successfully intubated atraumatically on first attempt with a 3.0 Portex ETT. As the stylet was being pulled out to connect the ETT to anesthesia circuit, unusual resistance was encountered.

As more force was applied, a melting spot, which made it impossible to separate the sytlet from the ETT, was recognized on inspection.

As desaturation followed, patient required oxygenation via facemask. Later patient was intubated with a different ETT without a stylet.

Prior to induction of general anesthesia, the infant was suctioned via an orogastric suction catheter and stomach was completely emptied. A modified rapid–sequence induction technique was used: After preoxygenation and propofol administration, an assistant applied cricoid pressure while patient was being mask ventilated briefly. To prevent desaturation and aspiration, goals were to achieve optimal intubating conditions and minimize manipulation of airway during induction.

An endotracheal tube stylet was applied for the same reason to reduce attempts and time on intubation.

Increasing the temperature of the room, applying bair huggers and using heating lamps to warm the bed and patient prior the intubation are standard measures to prevent hypothermia in neonates. In our special case report all these extra measures to decrease heat loss resulted melting the ETT to the stylet, which was briefly left on the bair hugger.

CONCLUSION

In conclusion, it is strongly recommended that a routine, regular check of equipment be performed to avoid such unexpected complications. If the removal of the stylet proves difficult, the anesthesiologist should immediately examine the stylet to note if any portion of it has been damaged or broken.

REFERENCES
