

PRESTO vs. EXIT for Treatment of Prenatally Diagnosed Difficult Airway: <u>Treatment and Outcomes</u>



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Introduction

- Anticipated difficult airway can be an indication for birth by Ex-Utero Intrapartum Therapy (EXIT) procedure
- PRESTO (Procedure REquiring Second Team in OR) with a multidisciplinary team comprised of ENT, NICU, anesthesia, nursing, and RT to receive the child immediately after C-section is an alternative management of difficult airway at birth
- We present management techniques and outcomes of 38 patients at a single tertiary care center from 2009-2017.

Methods

 Retrospective chart review of fetuses with prenatal diagnosis of anticipated neonatal difficult airway from 2009-2017.

Results

Figure 1: Demographics by delivery method

38 fetuses with anticipated difficult airway

16 PRESTO

Mean gest age 37.4 weeks

- 9 micrognathia/ retrognathia
- 7 neck masses

22 EXIT

Mean gest age 36.4 weeks

- 7 cervical lymphangioma
- 10 teratoma
- 2 cystic mass
- 2 epulis
- 1 goiter

Conclusion

- The potential benefit to the fetus of placental bypass during EXIT procedure must be weighed against the increased risk to mom as compared to standard C-section.
- PRESTO is an effective alternative in a subset of this population.

Figure 2: Airway Management

	PRESTO	EXIT
Number needing airway intervention	12/16	22/22
Intubation Method	6 fiberoptic thru LMA	3 mass resected before intubation
	3 rigid bronchoscopy	2 mass drained before intubation
	3 direct laryngoscopy	3 retrograde intubation
		4 tracheostomy
		2 rigid bronchoscopy
		6 direct laryngoscopy
		2 unclear from documentation
Maternal complications	0/16	1/22 (placental abruption, transfused 2 units prbc)

References

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