Watch Out for the Eye: Fiber optic Scope in the Trachea but the Endotracheal Tube will not Advance

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Introduction:

- Nasotracheal intubation is often required for dental rehabilitation
- Fiber optic scope may be used to help guide the endotracheal tube (ETT) for difficult intubations or for teaching purposes.

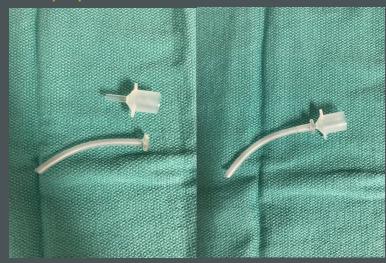


Fig. 1 A nasal trumpet was used with an ETT adaptor to provide oxygenation during fiber ontic scope attempts.



Case

- A 3-year-old presented for dental rehabilitation for dental caries. Patient was prepared for fiber optic intubation after uneventful induction.
- Nasal decongestant was administered and nares were dilated with 16 Fr and 18 Fr trumpets.
- A trumpet was used for passive oxygenation through one nare while fiber optic scope was placed in the other nare.
- Unable to pass the fiber optic scope through the nares so chose to advance the 4.0 ETT first and use it as a stent for the scope.
- The pediatric fiber optic scope was placed through the ETT. The vocal cords were visualized, and the fiber optic scope was advanced into the trachea.
- The ETT would not advance over the fiber optic scope even though the tip of the scope was in the trachea.
- A video laryngoscope (C-MAC) was then placed in the mouth.
- The fiber optic scope had actually passed through the murphy eye of the ETT instead of the tip.
- The patient was later nasally intubated without any problems.

Conclusions:

- Airway injury can occur if the ETT is forced over the fiber optic scope.
- The ETT should be loaded on the scope first to avoid going through the Murphy's eye.

References:

I. Macgillnray, R., & Odell, J. (1986). Eye to eye with Murphys law. Anaesthesia, 41(3), 334-334.



Fig. 2 The fiber optic scope can be seen going through the Murphy;s eye through angle 1.



Fig. 3 The fiber optic scope can be seen going through the Murphy;s eye through angle 2

