

[NM-237] Anticipated Difficult Airway Management in a Child with a Supraglottic Mass, a Case Report

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We report the intraoperative management of a rare case of vallecular cyst causing supra glottic obstruction and respiratory distress in a 4 month old infant.

The infant is a 4 month old 5 kg male born at 39 weeks gestation via C-section at an outside hospital. Apgars unknown but at 4 minutes post birth, the infant was found to be in respiratory distress with saturations around 63%. The infant improved significantly with CPAP and frequent nasopharyngeal suctioning, and was discharged home subsequently. There were no other perinatal abnormalities reported and the infant was otherwise healthy.

Patient presented to the pediatric clinic at day 90 of life with complaints of increasing stridor and poor weight gain. Associated symptoms and signs included 'noisy' breathing since birth with increasing stridor and work of breathing, thick oropharyngeal secretions with grunting and gurgling sounds and some 'short' periods of apnea. Initial workup in the pediatric ENT clinic included a bronchoscopy showing significant laryngotracheomalacia as well as a sublingual cystic lesion in the vallecula that was compressing the epiglottis. Decision was made by ENT surgeon for resection of cyst under general anesthesia. Patient was brought to OR for direct laryngoscopy (DL), bronchoscopy and excision of the vallecular cyst. Following placement of monitors, mask induction was initiated with Sevoflurane. A very easy two person mask ventilation was demonstrated and a peripheral intravenous catheter was placed. DL was attempted by the pediatric ENT surgeons which failed to obtain a view of the glottic opening secondary to obstruction by the cyst. A 1.5 sized LMA was placed which demonstrated easy oxygenation and ventilation. The patient was intubated with 3.0 ETT via a 2.2 mm fiberoptic bronchoscope through the LMA without any complications. The airway was secured and the surgeons resected the cyst without complications. Following the procedure the infant was extubated subsequently with marked improvement in the work of breathing and complete resolution of symptoms. Follow up visits in the ENT office showed the infant to be doing well with no further interventions necessary.




