

ABSTRACT (POSTER) CASE REPORT

TITLE: DIFFICULT AIRWAY MANAGEMENT: A SINGLE-ATTEMPT SUCCESS WITH VIDEO LARYNGOSCOPY

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Introduction: The difficulty of airway management is highly variable and will depend on several factors including patient characteristics, medical and surgical history, airway examination, patient's current status and vital signs¹.

Case Report: Patient a 19 year old female with B thalassemia major having thalassemic facial features planned for splenectomy. Mouth opening is found to be two finger with Mallampatti grading class III. In the operation table, induction was done with inj. Propofol 2mg/kg and Inj Rocuronium 1.2mg/kg. Difficult airway cart and Inj Sugammadex was kept ready. Airway was secured with 6.5mm EtTube under video laryngoscope and intubation done in the supine position.

Conclusion: Difficult intubations are usually caused by anatomic abnormalities. Direct laryngoscopic intubation is difficult in 1-4% and impossible in 0.05-0.35% of patients despite an apparently normal pre-operative assessment². Video laryngoscopy is a major option in scenarios with factors suggesting difficult airway access. We conclude that, with proper use of equipments available and knowledge of airway anatomy unique patient related anaesthetic challenges as faced in the present case report can be overcome.



Fig 1: Patient with abnormal facial features causing difficult intubation during operation

References:

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