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A case of blunt neck trauma with adverse posture for emergency awake tracheostomy

In view of the recent correspondence¹ discussing the care of the airway after neck trauma, this case may be worthy of interest and record. A 58-yr-old man came to the hospital approximately 14 hours after an assault with a stick. He complained of hoarseness, and difficulty with breathing and swallowing, but exhibited no stridor. He was brought to the operating theatre and put on the operating table sitting upright, and with the head flexed on the neck, as shown in the photograph. Attempts to reduce this flexed posture increased his respiratory distress. Despite the adverse position awake tracheostomy was thought to be the option with the least risk of provoking loss of the existing airway, and it proceeded without incident. Subsequent examination under general anaesthesia revealed a haematoma and lacerated mucosa of the supraglottis, an oedematous laryngeal inlet, a dislocated arytenoid cartilage (left), a tear through the inner perichondrium of the thyroid cartilage above the vocal cord, a fracture of the thyroid cartilage (vertically through the anterior commissure), and a fracture of the cricoid cartilage anterior arch. Surgical repair was undertaken and a laryngeal stent left in place. Clearly the outcome of such adverse situations is decided by the levels of patient cooperation, local anaesthesia, and surgical skills.

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