475757 - PATIENT-CONTROLLED ORAL AIRWAY INSERTION FACILITATING AWAKE FIBEROPTIC INTUBATION IN AN OBESE PATIENT WITH ACUTE EPIGLOTTITIS

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Purpose: Patient-controlled oral airway insertion under topical anesthesia prior to awake fiberoptic intubation for acute epiglottitis may improve patient safety and alleviate much of the discomfort associated with the procedure.

Clinical Features: Patient consent has been obtained for this case report. A 44-year-old morbidly obese woman presented with a 48 hour history of worsening odynophagia. Flexible laryngoscopy revealed a grossly inflamed epiglottis. In the presence of impending airway obstruction it was decided to secure the airway via awake fiberoptic intubation. After initial airway topicalization the alert patient was capable of inserting a lidocaine covered intubating airway [Bergman, USA] and tolerated its presence with ease. The vocal cords were visualized immediately on passage of the fiberoptic scope. Lidocaine topicalization was completed prior to intubation. The procedure was well tolerated while spontaneous respiration was maintained. Suspension laryngoscopy revealed a grossly edematous and erythematous epiglottis as well as significant edema of the vallecula (Figure 1). The patient was transferred to the ICU and extubated after 72 hours.

Conclusion: There is no consensus on the optimal airway management of adult patients with acute epiglottitis. It is agreed that patients presenting with imminent or actual airway obstruction should have rapid endotracheal intubation. Direct laryngoscopy in the apnoeic and spontaneously ventilating patient and awake fiberoptic bronchoscopy have all been described [1]. The problem in this situation was compounded by the acuity of the medical condition and the morbid obesity of the patient. Fiberoptic intubation under spontaneous respiration was selected. We have described a successful patient-controlled airway insertion in difficult intubating circumstances [2]. In contrast to conventional physician insertion, this technique allows the patient more control. Coating the airway with lidocaine ointment provides effective topical anesthesia by direct contact with the oropharynx. This report describes the rapid, successful and comfortable fiberoptic intubation of an obese patient with acute epiglottitis after “patient-controlled” insertion of an intubating airway.

References: 1. Anesth Analg 1998; 87: 153 - 7 2. Letter in print. CJA March 2008: Tsui B, Dillane D:

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