Epiglottic melanosis

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A 50-yr-old female with a sinonasal melanoma was scheduled for elective endoscopic anterior craniofacial resection with intraoperative computed tomography (CT) imaging to help guide surgical management. A magnetic resonance imaging of the patient's head six weeks earlier showed locally advanced mucosal melanoma of the left nasal cavity with skull base and nasopharyngeal extension. Preoperative staging scans showed no evidence of metastatic disease, and the decision was made to proceed with conservative resection of all mucosal involvement. Apart from anemia from recurrent epistaxis, the patient had no other significant comorbidities. A rapid sequence induction was performed using fentanyl, propofol, and succinylcholine, and anesthesia was maintained with sevoflurane. Video laryngoscopy (VL) was performed (and recorded) using a GlideScope® (Verathon, Bothell, WA, USA). Unanticipated extensive melanosis of the epiglottis and larynx were noted on laryngoscopy (Figure). Upon careful review of the VL recording with the surgeons, a further CT scan of the patient's head and neck was performed prior to commencing surgery. The additional CT imaging showed intracranial and intraorbital progression. Taken together with the laryngeal findings, the surgery was abandoned in favour of palliative radiotherapy.

Mucosal melanomas are rare and carry a very unfavourable prognosis. Video laryngoscopy is useful in

Figure Extensive melanosis of the larynx captured during video laryngoscopy. The patient's trachea is intubated with clearly visible true vocal cords (arrow). Notice the black colour of the epiglottis (E) covered with the melanoma. Seen also are blood-stained secretions from the recurrent epistaxis caused by the tumour

routine and challenging airways, accelerates learning of laryngoscopy and intubation and promotes involvement of all operating team members in airway management. In addition, as it represents the most up-to-date imaging of the patient's condition, it may also prove useful for clinical documentation of events as part of the health record. If conventional laryngoscopy had been used, our finding or similar ones might have been overlooked during a rapid sequence induction. The recording allowed the operating room team to make a careful and unrushed subsequent review that resulted in an adjustment to the management plan and spared the patient surgery that would likely have had little or no value.

Conflicts of interest None declared.

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