

CLINIPICS

AIRWAY MANAGEMENT

A Giant Thyroid!

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A 55-year-old female with a 30-year long history of thyroid enlargement presented for elective thyroidectomy. On preoperative assessment, she was euthyroid with no significant comorbidities. Her vital signs and labs were within normal limits. On airway examination, her Mallampati score was 4, mouth opening two fingers, limited neck extension, and absolutely no neck flexion. We planned awake nasal fiber-optic intubation for her and reserved an ICU bed for post-operative mechanical ventilation as suspected postoperative tracheomalacia.

On the day of surgery, she was prepared for awake nasal fiber-optic intubation using 4% lignocaine topical spray, nebulization, and nasal packing. Successful nasal tracheal intubation was done, although maneuvering was required as reaching the hypopharynx was very difficult due to shifting of the trachea to the right side. The rest of the procedure was uneventful and the patient was extubated successfully. This procedure would have been impossible to perform without fiberoptic, which indicates its importance and makes it must-have equipment for all tertiary care hospitals.

Ethical considerations: Patients consent was obtained to use her pictures for the educational purpose.

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