

CLINIPICS

Keep it Simple and Safe (KISS): A successful strategy in emergency

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A 6 days old female neonate with huge cystic hygroma (Figure 1 & 2) was shifted in emergency from ward to operating room (OR) with cyanosis, respiratory obstruction and drowsiness. On examination her heart beat was 140 /min, respiratory rate 40 /min and SpO₂ 74% on air. No other investigations were available.

Oropharyngeal suction was done. O₂ supplementation improved her color and SpO₂ rose to 93%. Awake oral laryngoscopy was done but epiglottis was not visible due to huge cystic swelling.

As FOB or SGAD were not available, so it was decided to aspirate fluid from the swelling with an 18 G needle to reduce the size of swelling to facilitate the intubation.

Once swelling was reduced (Figure 3) intubation with 2.5 mm ETT was possible after O₂ and sevoflurane induction (Figure 4). It improved her oxygenation and all vital signs. The surgery was deferred till blood was arranged. Extubation was done once extubation criteria was met.

[Permission from patient's relative and the surgeon obtained for teaching purpose]



Figure 1: Cystic Hygroma Front View



Figure 2: Cystic hygroma, lateral view



Figure 3: After aspiration of fluid



Figure 4: After orotracheal intubation