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Airway Management in a Child Developing Laryngomalacia after SISTRUNK Surgery

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1. Case History

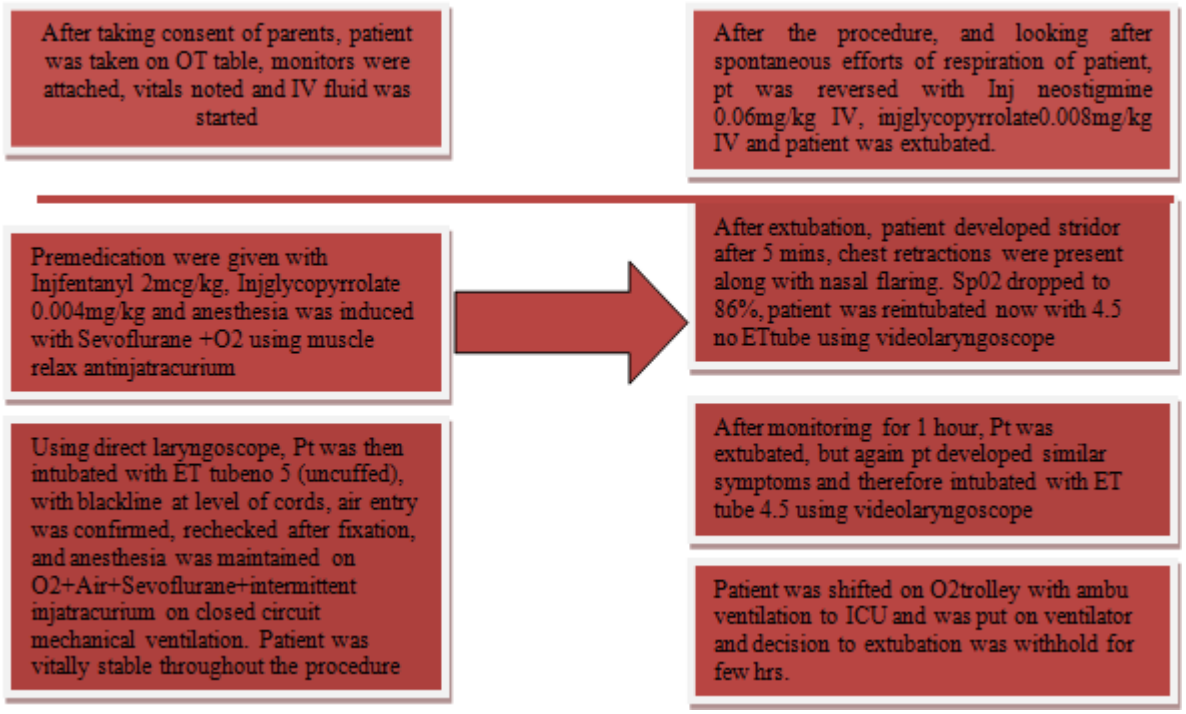
- A 2 year old male child presented with a swelling in front of neck since5 months, gradually increasing in size, patient underwent surgery of incision and drainage for same under GA 6 months back where he was transfused with 1PRC, but patient again complained of watery discharge from the incision site
- Now patient was posted for thyroglossal cyst excision

Birth history
Not significant

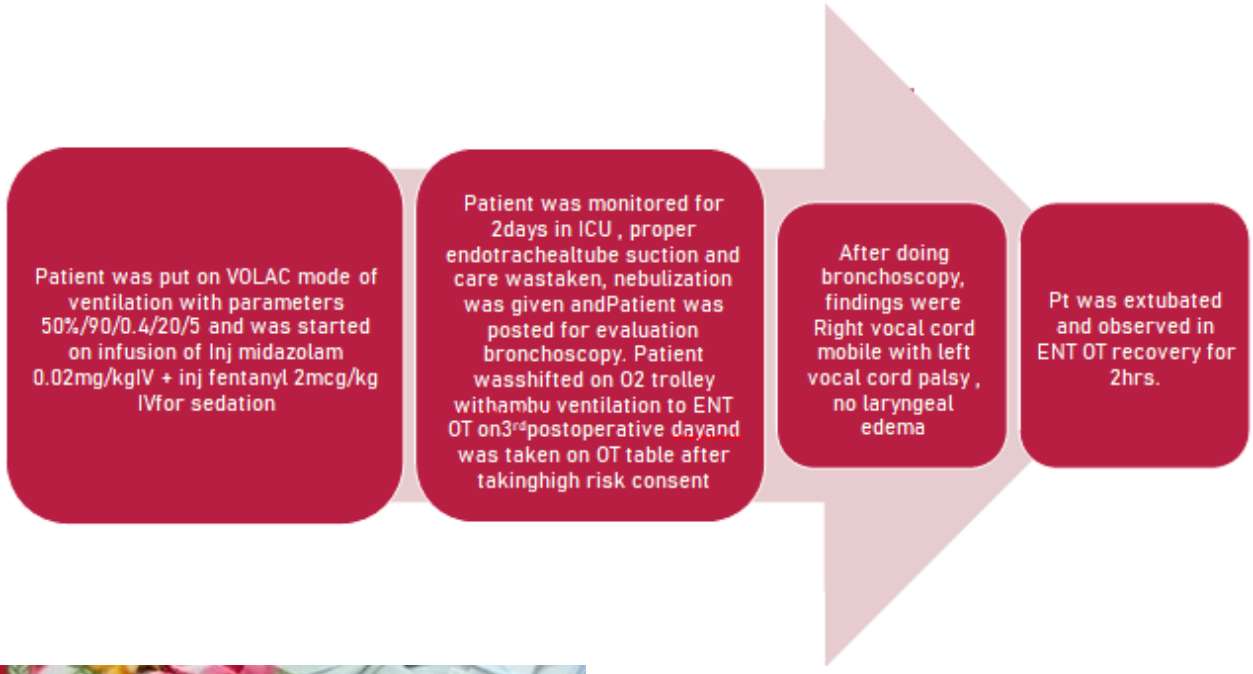
O/e GC fair, pt was conscious, a febrile, alert with vitals– pulse 100/min BP– appwf, spo2 100%, airway examination showed no obvious craniofacial anomaly, and systemic examination was WNL

Investigations
CBC9.4/10100/276000
RFT 14/0.5
SE 139/3.7
Pt was advised to keep adequate NBM, for the next day of surgery

VLSCOPE image showing left sided swelling near left vocal cord



ICU Monitoring and Evaluation Bronchoscopy in ENTOT



After shifting toward 1A, patient again developed chest retractions with RR of 54/min, pulse 180/min and patient was febrile with temperature of 38 degC

Decision was taken for patient to put On HFNC 15L O2/min, 60%FiO2

Patient tolerated HFNC and improved after 2hrs along with giving lateral and prone positioning intermittently, patient gradually weaned off wherein RR was 22/min, pulse 140/min with minimal chest retractions

2. Case Discussion

Use of HFNC in this case proved a beneficial thing for this child, otherwise the child would have to be reintubated again and further complications would have occurred. Hence, ventilator associated infections were bypassed. In addition to that reintubation might have aggravated the child's status.

References

[1] A rare complication of the Sistrunk's procedure in thyroglossal duct remnant tracheal injuryErikci, Volkan; Hoşgör, Münevver
[2] Complications associated with the Sistrunk procedure John Maddalozzo*, T. K. Venkatesan, Pankaj Gupta