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Airway Management of a Neonate with a Rare Congenital Palatoglossal Synechiae

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1. Introduction

Oral synechiae are rare congenital anomalies. They arise between:

- 1) The upper and lower alveolar ridges (syngnathism)
- 2) Tongue and palate margins or maxilla, (glossopalatal ankylosis.)

These consist of membrane supported by connective tissue, muscle or bone.

2. Case

The patient was a 2.1 kg, 30 day old, malnourished preemie at 36 weeks gestation with inability to suck without respiratory distress.

Mouth opening was adequate. Connections extending from middle third of the tongue to the hard palate were visualised. Anaesthesia induced with 100% oxygen and halothane.

Digital exam revealed space lateral to synechiae.

Retromolar laryngoscopy with MAC blade and OELM done and Grade 2B CL view seen. The space obtained, between the synechiae was inadequate for intubating aids.

Two person bimanual laryngoscopy was performed to intubate the trachea orally on the second attempt.

The synechiae were excised completely to reveal a cleft palate

3. Discussion

FOB guided nasotracheal intubation is ideal for oral synechiae release.

Digital examination helped us determine the space available for laryngoscopy. Macintosh blade chosen as the Miller blade can make visualization difficult .Synechia with right paraglossal placement of ET tube.





Released synechia with complete cleft palate in view

4. Discussion

Instrumentation would have lesser space with Miller blade. A retromolar approach for direct laryngoscopy reduces the distance to the larynx and gives better line of view. A bimanual two person laryngoscopy improves the success rate of difficult intubations

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5. Conclusion

Retromolar laryngoscopy is a useful technique in patients with midline oral synechia and immobile tongues.

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