Letters to Editor

Other advantages of lightwand include low acquisition costs, portability, and disposable components that eliminate the need for disinfection of equipment. Though it is difficult to use when laryngeal structures are distorted and needs dim light during usage, the other advantages makes it more user-friendly. Therefore, we suggest that infant lightwand is a useful device in the management of neonatal difficult airway especially where small size ETTs of less than 3 mm ID are required. Hence, it should be a readily available option in today's world of flexible fiberscopes. We need to master the art of using it and gain the necessary experience to prevent a havoc when the crisis really occurs.

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There are no conflicts of interest.

Chitta R. Mohanty, Suma R. Ahmad
Bikram Kishore Behera
Snigdha Bellapukonda
Department of Trauma and Emergency (Anesthesia) and Anesthesia and Critical Care, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India

Address for correspondence:
Dr. Snigdha Bellapukonda,
Department of Anesthesia and Intensive Care,
All India Institute of Medical Sciences,
Bhubaneswar, Odisha, India.
E-mail: drsnigdha5bellapukonda@gmail.com

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Airway management using a non-coaxial fibreoptic bronchoscope guided endotracheal intubation in a case of near complete palatoglossal synechiae

Madam,
Present case is of an infant aged 3.5 months with Pallatoglossal band (PGB), weighing 2.6 kgs, and having severe malnutrition. Oral examination revealed PGB involving posterior part of the tongue and hard palate with only a small opening of less than 1 cm through which the oral cavity and oropharynx were communicating [Figure 1]. Direct laryngoscopy and intubation were not possible, bag mask ventilation (BMV) was also anticipated to be difficult. The plan was to perform tracheal intubation with a tracheal tube of 3 mm diameter passed pernasally under visual guidance of FOB that had already been passed through the other nostril. A cuffed endotracheal tube was considered appropriate (there was a chance of airway bleed and inability to do throat pack mandated a cuffed tube). A backup plan for emergency tracheostomy and cricothyroidotomy was kept ready alongside.

Preparation included high-risk consent of perioperative asphyxia, 6 and 2 hours fasting for milk and water, respectively; premedication with injection atropine 0.02 mg/
kg intramuscular 1 hour before induction; lignocaine 4% nebulization for 5 minutes; oxymetazoline nasal drops 15 minutes before nasal intubation; venous access. The patient was monitored using ECG, pulse oximeter, NIBP. Preoxygenation was done with 100 percent oxygen for 3 minutes. Anesthesia induction was done with Sevoflurane by the graduated increments method.

After ensuring BMV, fentanyl (2 mcg/kg) and succinylcholine (1 mg/kg) were given intravenously. We passed a pediatric FOB (2.8 mm bronchoscope, Olympus medical corp, Japan) through the right nostril and stationed it just above the glottis; through the other nostril we passed a 3 mm cuffed ETT and directed it towards the glottis under an indirect vision obtained from the FOB. External manipulations of ETT and larynx helped in achieving endotracheal intubation. PGBs which were mostly fibrotic were excised successfully [Figure 2] followed by tracheal extubation.

Extent of synechiae helps in deciding surgical and anesthesia plan. Excision of incomplete intramural synechiae can be done under local anesthesia or general anesthesia with BMV. In cases of incomplete synechiae, a paraglossal approach of intubation can be adopted using a miller blade or a Bullard laryngoscope.

In a case with near complete PGB, definitive airway is necessary; hence, FOB-assisted co-axial nasal intubation (ETT rail-roaded over the FOB) in a spontaneously breathing patient seems to be the most appropriate approach. Endotracheal tubes—less than 3.5 mm diameter—cannot be railloaded on the commonly available pediatric bronchoscope (2.8 mm diameter). Most of the centers do not have flexible bronchoscopes smaller than 2.8 mm as was the case with us, so we improvised the tracheal intubation using a FOB-assisted non-coaxial approach and overcame the limitation of a coaxial technique of FOB assisted intubation.

A preoperative tracheostomy is another valid option,[4,5] but pediatric tracheostomies have their challenges and complications, such as infection, airway bleeding, difficulties of decannulation, subglottic stenosis that enhance the morbidity, especially in pediatric patients.[6]

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**Vaishali Waindeskar, Anuj Jain**
Department of Anesthesiology, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh, India

**Address for correspondence:** Dr. Anuj Jain, B118 New Minal Residency, JK Road, Bhopal, Madhya Pradesh, India.
E-mail: anuj.anesth@aiimsbhopal.edu.in

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