

# **A case report: Managing difficult airway in district hospital. What to do when video laryngoscopy fails you? A race against time.**

Authors: Miskan M.M., Lim M.C., Wan Ahmad W. N. M.

Department of Anaesthesiology and Intensive Care Unit, Miri General Hospital, Malaysia

Keywords: Difficult airway, DAS guidelines, Baska Mask, intubating LMA, Supraglottic Airway (SAD), LMA, airway management, critical care, leptospirosis, pulmonary hemorrhage, ARDS.

## **Introduction**

Difficult airway is one of the major anaesthetic crisis(1). It is especially challenging when dealing with respiratory compromised patients in remote critical care settings. In spite of operator expertise in handling equipment, anticipation and preplanned airway strategy to help break the vortex of an evolving airway emergency, issues unaccounted for may still arise(2).

## **Case Report**

We report a successful yet eventful difficult airway crisis management. This is a case of anticipated difficult airway in a physiological and pulmonary compromised patient in critical care setting at a district hospital in Malaysia. Patient was a middle aged Caucasian gentleman with recent history of jungle trekking and island hopping in Borneo, areas where leptospirosis is endemic. He was presented to us with sudden onset of fever, myalgia and diarrhea. In correlation with severe leptospirosis with multiorgan dysfunction, he became hypoxic secondary to pulmonary hemorrhage, which necessitate elective intubation.

Initial attempts of bougie guided intubation with video laryngoscopy and McCoy laryngoscopy were unsuccessful. This has led to episodes of rapid but transient desaturation. Even with 2 personnel technique mask ventilation, optimal saturation was not achieved and failed intubation was declared. Baska Mask was then inserted, sustainable and adequate oxygenation was restored. In anticipation of prolonged high setting ventilation, definitive airway i.e. endotracheal tube was then introduced with the aid of fiberoptic bronchoscope via Baska Mask. Patient was later transferred to a tertiary hospital and was successfully weaned off ventilation within a week of ICU stay.

## **Discussion**

When dealing with airway crises, especially in district hospitals where help is not immediately available, each attempt and decision made against time affects the final outcome, therefore choice of airway adjuncts should be ergonomic. Baska Mask, the new

3<sup>rd</sup> generation SAD, was our choice as it was proven to have high success first insertion rates, efficacy for positive pressure ventilation in ambulatory and laparoscopic surgeries but future trials are needed to assess its efficacy and safety in critical care setting as well as its usage on high ventilator setting (3, 4).

Consent was given by the patient for the publication of the case report.

## References

1. Pérez Fernández-Escandón, A. et al.  
Trends in Anaesthesia and Critical Care , Volume 12 , 26 - 27
2. Schaeuble, Joerg C. et al.  
Trends in Anaesthesia and Critical Care , Volume 13 , 32 – 40
3. Duca, A. et al.  
Trends in Anaesthesia and Critical Care , Volume 12 , 26
4. Huitink, Johannes M.  
Trends in Anaesthesia and Critical Care , Volume 13 , 3 - 5