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The Case of the Missing Endotracheal tube

- Healthy 5'9" male college student presents to Ambulatory Surgical Center for Impacted molar extraction under General Anesthesia
- No previous surgical history and no previous medical issues
- Plan for General Anesthesia with Endotracheal Tube via nasal intubation
- Patient in OR, smooth induction with Propofol, fentanyl, Lidocaine and Rocuronium
- Both nares infiltrated with neosynephrine spray and lubricant to right nares

2

The Case of the Missing Endotracheal Tube part 2

- 7.5 Nasal Rae cuffed Endotracheal Tube (ETT) easy introduced to right nares
- Laryngoscopy performed atraumaticaly
- ETT not observed in retropharynx!
- ETT pushed further in but still not visualized.
- Breathing tube removed, no sign of trauma of bleeding and patient remained normotensive
- NGT placed in right nares and can not be visualized in retropharynx

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The Case of the missing Endotracheal Tube part 3

- Oral intubation performed without issue and case completed.
- Prior to extubation Laryngoscopy performed showing no sign of trauma. Neck appears normal no signs of bleeding
- Patient extubated without event and transferred to PACU
- So what happened?

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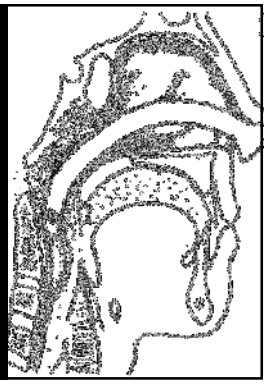
Dissection of the Posterior Pharynx

- Suspected dissection because airway or NGT were never observed as expected
- No ENT consult as patient was asymptomatic,however, placed on Clindamycin for 10 days
- Patient had no sequalae from event



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Dissection of the Posterior Pharynx

- Posterior wall composed of three layers

1) mucosal layer
2) submucosal muscular layer
3) connective tissue layer

i. Pharyngobasilar fascia
ii. Buccopharyngeal fascia

- Nasal portion has less musculature and more susceptible to perforation by an artificial airway
- Airway may track under the mucosa creating a pocket
- Can lead to a hematoma, infection or subcutaneous emphysema

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Dissection of the Posterior Pharynx

- Estimated to occur in 2% of emergency endotracheal intubation in Emergency Departments
- Can also be caused by Nasal Trumpets or Nasogastic Tubes
- Most cases are self limited if no infection occurs

Dissection of the Posterior Pharynx Resulting in Acute Airway Obstruction

Case Reports Anesthesiology | June 1995 Robert C. Baumann, MD; Drew A. MacGregor, MD

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The Case of the weird allergic reaction

- 26 year old healthy female for removal of impacted wisdom teeth under General Anesthesia
- Denies any previous medical history or allergies
- Previous surgical history of an Appendectomy at age 17 without sequlae
- Pt brought to OR and underwent an uneventful Endotracheal intubation with Propofol, fentanyl, Lidocaine, and Rocuronium
- Received Cefazolin 1 Gram as requested by Oral Surgeon
- Procedure was uneventful

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The Case of the Weird allergic reaction

- Prior to extubation patient received ondanstron 4mg and Decadron 4mg IV.
- Within a minute patient's face became red and splotchy however vital signs remained normal
- Unclear etiology so patient kept intubated and sedated and tranfered to PACU for further work up given concern for potential airway swelling.

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The Case of the Weird Allergic Reaction

- On Discussion with patient's mother learned that patient has "allergy" or sensitivity to certain foods including hotdogs and bacon
- Complains of itching and facial flushing
- Decadron contains sodium sulfite
- Similar sensitivity reaction but not true allergy
- Patient extubated and no sequalae from prolonged intubation

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The Case of the girl who would not wake up

- 18 year old female from India with history of developmental delay presents for full mouth dental restoration under General Anesthesia
- History of seizures in childhood controlled with Keppra
- No allergies
- Obesity
- Unable to place IV pre operatively so borught back to OR for Ketamine IM and IV placement
- Still unable to find IV after Ketamine so mask induction started
- Difficult mask induction due to obstruction but after IV placement induced with Propofol and Succynicholine to procur airway quickly

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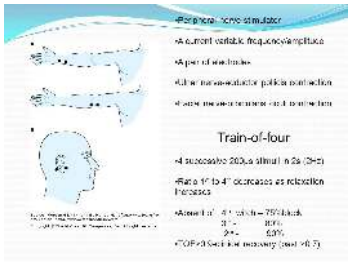
The Case of the Girl who would not wake up

- Oral intubation and performed and Rocuronium given for 3 hour procedure.
- Uneventful intraoperative course, no narcotic given since ketamine given and dentist used local infiltration
- At end of procedure, patient checked for muscle twitches on ulnar nerve but no sign of twitches
- Checked on Facial nerve but no twitches
- 30 minutes after case no twitches or response to tetanus



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The Case of the girl who would not wake up

- Patient transferred to PACU intubated and sedated on Propofol
- Labs drawn = normal
- CT head did not show pathology
- Transfer to ICU where patient remained intubated for over 24 hours!

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The Girl who would not wake up

Pseudocholinesterase Defeciency

- Autosomal recessive disorder with higher prevalence amongst Iranian and Indian populations
- Patients can not metabolize succinylcholine or ester local anesthetics
- Remain paralyzed for on average 2 to 8 hours, however can stay vent dependent for up to 24 hours
- Serum enzyme levels can determine if patient is at risk for disorder

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