A 13 year-old obese female presented with three days of dyspnea in the supine position. Preoperative neck MRI showed a large vallecular cyst (1.8 x 1.6 x 1.5 cm) overlying the glottic opening. With ENT surgeons ready to create a surgical airway, GA was induced with N2O and sevoflurane. Propofol was bolused until the patient was apneic with ventilation confirmed throughout. After paralysis, with videolarygoscopy, a cuffed nasotracheal tube (size 6.5) was passed under the obstruction through the glottic opening. The cyst was ligated and the patient discharged in the morning.