Recurrent respiratory papillomatosis (RRP) is an infection of the respiratory tract by Human Papilloma Virus (HPV) commonly resulting in laryngeal papillomas. HPV is acquired during passage through the birth canal of an infected mother. It can cause Stridor, hoarseness, respiratory distress or obstruction and may have to excised at frequent intervals to control the progression of lesions.

We describe a case of a parturient G3P2 35 weeks gestation with twin pregnancy in third trimester presenting with progressive hoarseness, unable to lie flat, scheduled for direct laryngoscopy and excision of lesions, in preparation prior to her delivery. Any surgery to the airway necessitates adequate planning, communication and co-ordination between anesthesiologist and otolaryngologist. It becomes even more challenging during pregnancy, with the anatomical and physiological changes occurring especially during third trimester and also presenting with intermittent contractions. This calls not just for continuous fetal heart rate monitoring but also more close co-ordination with the obstetric team as well and preparation for C-section if indicated.

Problems anticipated included risk of aspiration, airway obstruction and hypoxemia, premature labor and fetal distress requiring emergency C-section and resuscitation of premature twin babies.

Within minutes of starting direct laryngoscopy and excision of lesions, twin B started showing decelerations and warranted immediate C-section. Being prepared—having obstetric team on alert, twin resuscitation stations ready to go in the ENT operating room in the main OR, having equipment for C-section helped us avert any problems during the case.

Anticipation of problems and being well prepared for any situation go a long way especially when things change within minutes.