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Management of unanticipated difficult airway in patient with myotonic dystrophy: Anesthetic considerations and alternative techniques for placement of double lumen endotracheal tube

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Case description:
61 year old male with myotonic dystrophy presented for right video assisted thoracoscopy. On physical examination, patient did not appear to have a challenging airway. After induction, patient was difficult to ventilate and a grade III view was the best view attainable with direct laryngoscopy. With video laryngoscopy, view of vocal cords was obtained. However, a 37 french left Double Lumen Tube (DLT) could not be advanced through the cords. On the third attempt, a combined approach with fiberoptic bronchoscopy and video laryngoscopy technique was used to facilitate the advancement of DLT through the vocal cords.

This case report will:
1. Identify important airway management considerations and pharmacologic concerns in patients with myotonic dystrophy.
2. Review difficult airway algorithm for management of unexpected difficult airway.
3. Explain technique and rationale for using combined approach with fiberoptic bronchoscopy and video laryngoscopy for the placement of double lumen endotracheal tube (DLT).
4. Consider the implementation of the rescue strategy using combined video laryngoscopy/bronchoscopy technique during emergency scenarios facing unexpected difficult airway management.