

CR#31

Airtraq optical laryngoscope: initial clinical experience in 20 children

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Endotracheal intubation using the Airtraq was always successful.

Case 5 was a patient with Treacher Collins syndrome. A malleable stylet facilitated introduction of the tube tip into the tracheal inlet on the second attempt, resulting in successful intubation.

Case 12 required two maneuvers to align the tube tip with glottic opening.

Case 19 had a large cleft lip and palate and the Macintosh laryngoscope failed to expose the glottis.

Intubation was performed by the infant Airtraq after two failed attempts. **The Airtraq is likely to provide advantages in glottic exposure, even in children with high and anterior-positioned glottis.**

The Airtraq seems a **safe and beneficial** device for tracheal intubation in young children.

Table 1 Experience with the Airtraq optical laryngoscope (AOL) for tracheal intubation in infants and young children

Case	Age	Weight (kg)	AOL ^a	Tube ID (mm)	Attempts ^b	Time ^c (s)
1	18 months	11.6	P	4	1	30
2	14 months	11.0	P	4.5	1	45
3	7 months	7.4	P	4	1	76
4	2 months	3.1	I	3	1	44
5	9 years ^d	22.6	P	5 ^e	1	40
6	20 months	11.0	P	4	1	50
7	2 years	12.5	P	4.5	1	53
8	18 months	8.6	P	5 ^f	1	50
9	10 days	3.1	I	3	2	95
10	4 years	16.3	P	5	1	46
11	15 months	10.6	P	4.5	1	47
12	16 months	9.9	P	4 ^f	2	122
13	14 months	8.3	P	4	1	35
14	12 months	7.9	P	4	1	55
15	3 months ^g	6.0	I	3.5	1	35
16	7 months	7.4	P	4	1	32
17	15 months	9.1	P	4.5	1	60
18	6 years	20.0	P	5.5 ^f	1	25
19	3 months	4.3	P	4 ^f	3	167
20	14 days	3.5	I	3.5	1	53

^a Size of Airtraq optical laryngoscope: I, infant; P, pediatric

^b Number of attempts to successful intubation

^c Time to completion of endotracheal intubation

^d Treacher Collins syndrome

^e Tube with cuff

^f Preformed tube (RAE oral, Mallinckrodt, Athlone, Eire)

^g Pfeiffer syndrome