In case of difficult intubation with the Airtraq: The gum elastic bougie may assist

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A 70-year-old woman was admitted to ICU for acute respiratory failure. Predictors of difficult airway management were immediately listed. Despite changes in head positions and external laryngeal manipulations, direct laryngoscopy revealed a Cormack-Lehane grade 4, preventing any intubation attempt. Despite changes in head positions and external laryngeal manipulations, direct laryngoscopy revealed a Cormack-Lehane grade 4, preventing any intubation attempt. A size 2 Airtraq device was introduced, matching the small mouth opening. Episcope visualization showed Cormack 2. Intubation through Airtraq channel failed because of a misalignment due to neoplastic compression of the glottis deviated to the left side. A tracheal access was achieved under the control of view using a 70 cm “gum elastic bougie (GEB)” inserted in the tracheal tube placed in the Airtraq channel allowing the tube to be successfully railroaded in the trachea.

The authors noticed the thinness of size 2 Airtraq overcomes a reduced mouth opening, at least superior to 18mm according to the manufacturer’s instructions. Finally, the combined use of the Airtraq and GEB is of valuable interest in difficult cases. If the Airtraq laryngoscope is recommended in a difficult airway management algorithm, then GEB assisted-tracheal access should be considered in case of failure of tracheal intubation.