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In case of difficult intubation with the Airtraq1: 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. Episcopes 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