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Tracheal intubation using the Airtraq in difficult airway

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This paper reports a case in whom the tracheal intubation performed by Airtraq easily after unsuccessful attempt by Macintosh laryngoscope.

A 43 year old 78kg male patient for elective surgery presented with cervical levels (C4-5-6) disc protrusion and using cervical collar for immobilization. During laryngoscopy Cormack-Lehane Grade IV glottic view was obtained. The view of the glottis could not be optimized and the patient was manually ventilated.

Intubation was retried with Airtraq and the vallecula and glottis was seen easily. The ET tube was introduced and successfully placed. After surgery of 1.5hours the ET tube was removed without incident.

Conclusion: The Airtraq provided a high quality of the glottis & is an alternative choice for difficult airway management.

Fig 2
View of the
Glottis via
Airtraq

