

CR#38

Combined Use of an Airtraq Optical Laryngoscope, Airtraq Video Camera, Airtraq Wireless Monitor, and a Fibreoptic Bronchoscope After Failed Tracheal Intubation

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This case report presents the **simultaneous use** of an Airtraq optical laryngoscope, Airtraq video camera (AVC), Airtraq wireless monitor (AWM), and a FOB **in an airway that was grossly distorted** due to compression by a cervical tumour. The **patient was a 48-yr-old 150-kg male with morbid obesity** (body mass index: 52 kg m⁻²) and obstructive sleep apnea syndrome.

Manoeuvres were ineffective in optimizing visualization and centring the glottis in the middle of the viewfinder, hence, intubation was deemed impossible. Without removing the Airtraq, a fibre optic bronchoscope (FOB) was

inserted through the size 7.0 ETT mounted in the guiding channel. By viewing the FOB tip in the vicinity of the glottis through the Airtraq camera (AVC) in the Airtraq wireless monitor (AWM), rotating the body of

the FOB, and manipulating the tip control lever, the FOB was inserted into the patient's trachea and the ETT was advanced over the FOB. The procedure was carried out uneventfully.

Conclusion: The authors consider the system of AVC & AWM, which was designed initially for training or teaching purposes, as a useful complement in difficult airway management.