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Difficult intubation in an infant with Hallermann–Streiff syndrome – Easy with Airtraq laryngoscope

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A 9-month-old female infant weighing 7.3 kg was scheduled for right eye lens aspiration for bilateral developmental cataract. To minimize airway trauma that could result from multiple attempts, we decided to use Airtraq laryngoscope for second attempt at intubation. With Airtraq laryngoscope, the view obtained was Cormack and Lehane grade 2a. The thick and stout epiglottis still remained in the field of vision, though unhampering the glottic view. Tracheal intubation with a 3.5 mm internal diameter uncuffed PVC tube was easy.

The intrinsic antifogging system of the Airtraq scores an advantage even over the fiberoptic bronchoscope.

To conclude, a high index of suspicion for difficult airway is required in children presenting with bilateral cataract and dyscephalic features. Airtraq laryngoscope can be useful for tracheal intubation in infants with Hallermann–Streiff syndrome