

## CR#24

### **Airtraq in a 5-month-old infant with a difficult airway because of Robin Sequence**

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A 5-month-old, 4.8-kg infant, born at 33-week gestation (**corrected age 3 months**) was presented for management of severe gastroesophageal reflux. The infant was born with facial dysmorphism including severe micrognathia, retrognathia, and cleft palate (**Robin Sequence**).

**Previously, at 4 months age**, the child had undergone a magnetic resonance image (MRI) scan under general anesthesia. Laryngoscopy at that time revealed a difficult airway with a **Cormack–Lehane grade 3b view of the larynx. Intubation attempts were discontinued**, and the MRI was performed under spontaneously breathing inhalational anesthesia using a laryngeal mask.

Direct laryngoscopy using a Miller 1 blade, augmented by external laryngeal manipulation resulted in a **Cormack–Lehane grade 3b view (tip of retroverted epiglottis only) and percent of glottic opening (POGO) score seen was 0%**. An Airtraq size 0 (infant) preloaded with a 3.0-mm ID microcuff endotracheal tube was inserted into the oropharynx. **The Airtraq provided a full view of the entire glottic opening (Cormack–Lehane grade 1, POGO score 100%)**. The ett was advanced along the Airtraq guide channel through the vocal cords on first attempt.