CR#26

Airtraq® in a patient with Treacher Collins syndrome

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Preoperative evaluation revealed a 10-year-old female (28 kg and 137 cm) with no other medical history. All characteristics of Treacher Collins syndrome were noticed including a previously repaired cleft palate. Difficult intubation was related for a previous tympanoplasty, but intubation procedure was unknown.

Direct laryngoscopy with a no. 3 Macintosh metal blade permit only visualization of Cormack 3 class. The gum elastic bougie was not used because the oro pharyngeal angulations' seems too small and the epiglottis was completely sticked on the posterior pharyngeal wall.

After face mask ventilation, the Airtraq device (size 2; Small Adult) was easily introduced and the glottis was immediately visualized. Two intubation attempts failed because tracheal tube takes always a posterior way under the glottis despite adjustments of the Airtraq distal position. Finally, a gum elastic bougie was advanced through the Airtraq lateral channel and easily introduced through the glottis. Intubation was realized with a 5.5-ID-armored tracheal tube.

Difficulties was encountered because we use a size 2 device, recommended for 6–7.5 ID tracheal tubes (a size 1 device was not available in France at this time), **but intubation was easily performed with the help of a gum elastic bougie. Airtraq is a good alternative to fiberoptic intubation for difficult intubation in a Treacher Collins syndrome child, an appropriate size is recommended.**