COMBINED SPINAL AND EPIDURAL ANESTHESIA IN ANTICIPATED DIFFICULT AIRWAY DUE TO LARYNGEAL CANCER: A CASE REPORT

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Background and aims

Difficult airway management constitutes the most challenging issue for anesthesiologists. Regional anesthesia remains the alternative option in case of an anticipated difficult airway. We report the case of a woman with difficult airway due to known laryngeal stenosis undergoing abdominal hysterectomy. Our aim is to demonstrate the safety and efficacy of regional anesthesia in such cases.

Methods

A 52 year old woman with known difficult airway was admitted for total abdominal hysterectomy. Her medical history revealed a significant laryngeal stenosis as a result of the removal of a granular cell myoblastoma by CO2 laser in the past. The ENT surgeon suggested the use of an endotracheal tube size 5, in case of general anesthesia, to avoid further damage to the larynx indicating an anticipated difficult airway management. Basic monitoring and Ventouri mask (35%) were applied to the patient during the procedure.

We administered 2mg of midazolam to manage anxiety. A spinal block was performed at L3-L4 level using ropivacaine 15mg and fentanyl 10µg and an epidural block at T10-T11 level followed. The epidural catheter was used only for postoperative analgesia with ropivacaine 0.2% and fentanyl 2µg/ml.

Results

The anesthesia level was optimal intraoperatively and the patient remained hemodynamically stable. No intraoperative complication was observed. The postoperative VAS scores were <4. The postoperative course was uneventful.

Conclusions

Combined spinal and epidural anesthesia remain a safe and efficacious alternative to general anesthesia in patients with difficult airway. The perioperative outcomes are excellent including better analgesia scores, fewer complications and therefore reduced length of hospital stay and increased satisfaction for the patient.

References

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