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### Presenting Author Details

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Conflict of interest\*:

# **Abstract Categories**

#### Case Reports

Abstract Title (max 150 characters):

"Cannot Ventilate Cannot Intubate" Scenario In A Five Years Old Girl

Abstract text (max 2500 characters):

### Abstract

Difficult airway is defined as situation that face mask ventilation, laryngoscopy, or intubation cannot be done by clinician as easy as he expect it. Difficulties in children airway management does not occur frequently and aggressive airway management in children is not required often.

We present a case of "cannot ventilate, cannot intubate" scenario in a five years old girl with a supraglottic cyst in operating room. We started to sedate the patient with ketamine for awake intubation but the cyst obstruct the airway and we couldn't ventilate her with mask. Two try of intubation with tube and bougie were failed and rigid bronchoscope could maintain the airway finally. The figure

is shown the glottic view before and after surgery.

The informed consent of the parents is obtained.

Acknowledgement: I would like to thank Dr Keyvan Aghazadeh, the assistant professor of ENT ward, Amir Alam hospital.

Keywords: difficult airway, bronchoscopic intubation, cannot ventilate, cannot intubate





### References:

- 1. Apfelbaum, Hagberg, Caplan, et al. Practice guidelines for management of difficult airway. Anesth. 2013; 118:251.
- 2. Pallin, Dwyer, Walls, et al. Techniques & Trends, Success Rates & Adverse Events in Emergency Department Pediatric Intubations. Ann Emerg Med 2016; 67:610
- 3. Murphy, MF. Sedation & anesthesia for awake intubation. In: Manual of Emergency Airway Management, 2nd, 2004. p.82.
- 4. Blank RS, de Souza. Anesthetic management of patients with an anterior mediastinal mass. Can J Anaesth 2011; 58.

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