Acute paroxysmal airway obstruction in third trimester of pregnancy

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INTRODUCTION
Upper airway obstruction is a life threatening emergency which necessitates early diagnosis and management to regain a patent airway. We present a case whereby early recognition of stridor and visualization of the upper airway led to prompt diagnosis and intervention.

CASE DESCRIPTION
A 16 year old presents in her third trimester of an otherwise uneventful pregnancy with labored breathing and inspiratory stridor. On physical exam via nasal flexible fiberoptic bronchoscope (FFB), a purple pedunculated mass was found to be ball valving in and out with inspiration and expiration, respectively.

After topicalization with lidocaine and patient in supine position, an awake oral fiberoptic intubation was performed with 6.0 cuffed endotracheal tube (ET) while maintaining the lesion in constant view. Left uterine displacement was maintained with continuous fetal heart rate monitoring. A thrombosed polyp was excised with no perioperative complications.

REFERENCES

DISCUSSION
Acute airway obstruction presents as respiratory distress, stridor, dyspnea and cough. Anatomic changes such as airway edema, weight gain and breast tissue enlargement that occur during pregnancy make management of maternal airway difficult.

Differential diagnosis for acute airway obstruction include trauma, infection, foreign body, neoplasm, and angioedema.

Management includes ability to establish impending severity of obstruction and whether ET intubation is possible. Evaluation and intubation may be accomplished with nasal or oral fiberoptic bronchoscope. If intubation is not an option surgical airway must be achieved.

According to the 2009 joint statement by the American Society of Anesthesiologists (ASA) and American College of Obstetricians and Gynecologists (ACOG), one should proceed without delay with emergent non-obstetric surgery in a pregnant patient. Fetal heart monitoring may assist with maternal positioning and expectant management.

CONCLUSION
One should be aware of the severity of acute airway obstruction in known difficult airways of pregnant patients and have a methodical approach to securing an airway safely while maintaining safety of the fetus.