







# What we don't see with the laryngeal mask airway

T. Prim1, N. Brogly1, C. Sabin2, B. Susin2, P. Corrochano2, F. Gilsanz3
1University Hospital of La Paz, Dept. of Anaesthesiology & Intensive Care, - ma (Spain) 2University Hospital of La Paz, Nurse of day hospital, - ma (Spain), 3University Hospital of La Paz, Head of Dept. of Anaesthesiology & Intensive - ma (Spain)

### **Background**

- -Laryngeal tumors (LT) are present in 20-30% of patients with a tumor of the aerodigestive tract, and 5-8% of those with pulmonary carcinoma
  - -The presence of unanticipated supraglotic lesions (SGL) can jeopardize the airway management with LMA

CASE REPORT: The 3 cases were heavy smokers, moderate drinkers and had mediastinic adenopaties with high probability of lung neoplasia



#### CASE 1

- cough, hemoptisis and aphonia
- 1°attempt of insertion
- Intracuff pressure (IP) of 30 cmH2O
- Anatomic position grade I



- CASE 2
- asymptomatic
- 2° attempt
- IP of 90 cmH2O
- Anatomic position grade III



CASE 3

- Mild hemoptisis, <u>dyspnea</u> grade II
- 2° attempt
- IP of 50 cmH2O
- anatomic position grade III

EBUS PROCEDURES
WITH LMA



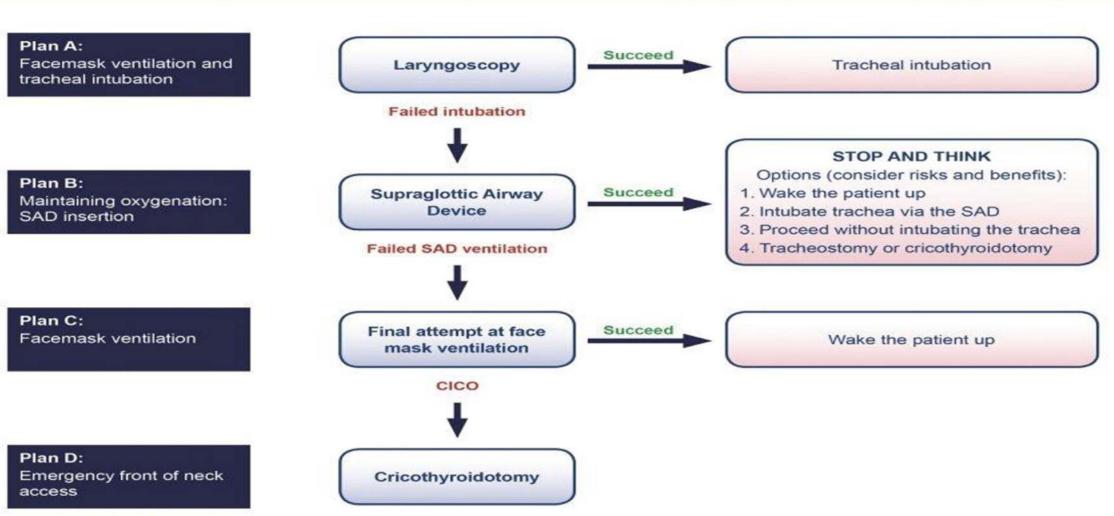
INCIDENCE OF SGL 3/99 (3,16%) CASES



AIRWAY MANAGEMENT



# DAS Difficult intubation guidelines - overview



This flowchart forms part of the DAS Guidelines for unanticipated difficult intubation in adults 2015 and should be used in conjunction with the text.

## **Learning points:**

-the association of lung malignancies and head and neck tumors is well documented -an anaesthetic concern must be raised for the airway management of these patients if LMA is used, due to the risk of difficult insertion and ventilation

References: 1-Kurlajose Ma;Laryngoscope Jan 2002;112(1):120-23 2-Frerk C. Br J Anaesth. 2015; 115(6):827-48