





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

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## **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

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

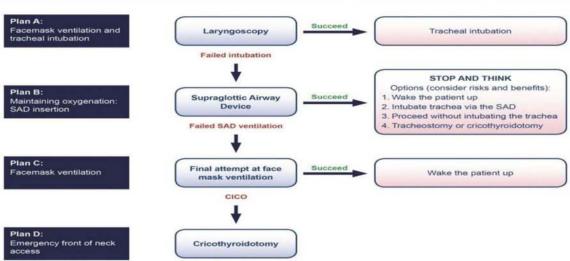


INCIDENCE OF SGL 3/99 (3,16%) CASES

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 tex

# 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