



17th World Congress of Anaesthesiologists

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ABSTRACT BOOK

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Abstract Book

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Difficult intubation in a young morbidly obese patient with COVID-19 bronchopneumonia: a case report

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Introduction: the Coronavirus disease 19 pandemic has resulted in rapid upsurge in critically ill patients diagnosed with severe acute respiratory syndrome Coronavirus 2, requiring emergency tracheal intubation.

Continuous positive airway pressure – CPAP face mask ventilation is a first option in these patients if they don't need mechanical ventilation.

Tracheal intubation in the COVID-19 patients who are overweight and morbidly obese, comes with a higher risk for mortality and intubation failure compared to those with normal BMI. The first-pass success rate of tracheal intubation in the critically ill patients is often less than 80%, with up to 20% of the tracheal intubation taking more than two attempts.

Objectives: our patient was a 34-year-old male, morbidly obese, with mild mental retardation and hypogonadism. He was admitted in our hospital complaining of chest pain, shortness of breath and high temperature. His body temperature was 37,7°C, BP 90/60 mmHg, HR 100/min, oxygen saturation was 85%, normal EKG. The patient was admitted in the ICU, non-invasive CPAP mask ventilation was performed.

After 24 hours the patient's condition deteriorated, oxygen saturation decreased and emergency tracheal intubation was needed. A COVID-19 intubation standard procedure and equipment were used. At the first attempt we used a video laryngoscopy, stylet and bougie. Our patient was morbidly obese, with a short neck with limited movement. During video laryngoscopy we noticed that the epiglottis and pharyngeal tissue was oedematous, swollen, with fibrin plaques and striking supraglottic oedema. The first attempt for intubation failed and laryngeal mask was used as an alternative. Oxygen saturation was stable and we started a second attempt with video laryngoscopy and bougie that was successful.

Conclusion: In our case, patient related factors contributing to intubation difficulty were: use of non-invasive CPAP mask ventilation, high BMI, limited neck mobility and supraglottic oedema.

