

## Difficult airway in patient with multiple face skin tumours

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**Aim** - Managing a difficult airway is a significant anesthesiological challenge, even for highly experienced anesthesiologists. An impossible airway situation poses a life-threatening risk to the patient and creates an extremely stressful scenario for the anesthesiologist. The objective of this paper is to highlight the importance of preoperative assessment in anticipating and mitigating potential airway difficulties and complications.

**Materials and Methods** - We present the case of a 69-year-old male admitted for surgical treatment of multiple facial skin carcinomas. The tumor locations—including the nose, buccal, and mouth regions—along with the patient's body constitution and medical history, suggested a high likelihood of difficult face mask ventilation and intubation. The patient had sustained polytrauma three years prior, resulting in cervical spine injury and necessitating a tracheostomy. He exhibited restricted cervical spine movement, particularly limited upper extension, as a consequence of the old trauma. Additional factors contributing to the predicted airway difficulty included a BMI of 30 kg/m<sup>2</sup>, poor dentition, a Mallampati classification of 4, and a thyromental distance of 4 cm. However, a CT scan confirmed the absence of tracheal stenosis.

In the operating room, following preoxygenation, sedation was induced using midazolam, fentanyl, and propofol. Face mask ventilation was successfully performed with the aid of an oropharyngeal airway device. Suxamethonium was administered, and intubation was achieved using a videolaryngoscope and a flexible endotracheal tube. Postoperatively, the patient was extubated in the operating room and subsequently transferred to the intensive care unit for monitoring.

**Conclusion** - Difficult airway management remains a leading cause of anesthesiarelated mortality. However, with thorough preoperative assessment, careful planning, and the utilization of advanced airway management equipment, this high-risk situation can be successfully managed, ensuring both patient safety and procedural efficiency for the anesthesiologist.

