

MEDICAL SYMPOSIUM

SYMPOSIUM: MEDICAL EDUCATION AND HEALTH SYSTEMS IN BALKAN COUNTRIES

# **BOOK OF ABSTRACTS**

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#### **Welcome Note**

Dear esteemed colleagues and friends,

It is with great honor and enthusiasm that I welcome you to the abstract book of the **3rd** International Case Report Congress, proudly organized by the Macedonian Medical Association. This year, we are privileged to host not only this prestigious gathering but also the Macedonian-Turkish Medical Symposium and the Symposium on Medical Education and Health Systems in Balkan Countries, further enriching our exchange of knowledge and experience.

The Congress stands as a testament to the **collaborative spirit of the medical community**, bringing together healthcare professionals from diverse backgrounds to share **unique clinical cases**, **innovative approaches**, **and invaluable lessons**. These case reports reflect the dedication, perseverance, and expertise of medical professionals who continuously strive to improve patient care and advance medical science.

As the President of the Macedonian Medical Association, I am honored to witness the impact of this Congress in **fostering discussions**, **encouraging research**, **and strengthening international cooperation**. The knowledge shared here not only deepens our understanding of medical complexities but also inspires further advancements in clinical practice and education.

I extend my sincere appreciation to all participants, distinguished speakers, and the organizing team for their **hard work and dedication** in making this event a success. May this Congress serve as a **platform for learning, collaboration, and innovation**, ultimately contributing to the betterment of healthcare worldwide.

Welcome, and may this Congress be an inspiring and enriching experience for all.

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President of the Macedonian Medical Association

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#### DIFFICULT AIRWAY IN PATIENT WITH MULTIPLE FACE SKIN TUMOURS

LAZAREVSKI MARTIN1, Delipetrova Natali1, Eftimova Biljana1 1Clinical hospital – Shtip, Department of anesthesia and intensive care unit.

Aim – A difficult airway can be a serious anesthesiological problem even for a very experienced anesthesiologist. The impossible airway management is a life-threatening condition for the patient and very stressful for the anesthesiologist. The purpose of this paper is to show the importance of the preoperative assessment that anticipate and avoid the predicted difficulties and complications.

Matherials and methods – Case of 69 years old man, admitted to hospital for surgical treatment on multiple face skin carcinomas. The locations of the tumours, on the nose, buccal and mouth region, the patient body constitution, such as his medical history, predicted the difficult face mask ventilation and intubation. In the patient medical history was established that the patient had polytrauma 3 years ago, when the cervical spine was injured and tracheostomy was performed. The patient had poor C – spine movement, especially upper extension, as result as old trauma. His BMI 30 kg/m2, poor dentition, Mallampati class 4 and thyromental distance – 4 cm were additional difficulties. On CT scan, tracheal stenosis was not detected. In the operating room, after the preoxygenation, the patient was sedated with midazolam, fentanyl and propofol. The face mask ventilation was performed easy, using oropharyngeal airway device, suxamethonium was administrated and using a videolaryngoscope was intubated with flexible endotracheal tube. After the surgery, the patient was extubated in the operating room and transferred in intensive care unit.

Conclusion – Although the difficult airway is the most important cause of anesthesia – related mortality, this undesirable condition can be successfully avoided with adequate preoperative assessment and planning, as well as the use of advanced equipment that make the procedure easier and safer for the patient and the anesthesiologist.

**Keywords**: Airway, difficult ventilation, videolaryngoscope.