

Case Blog

A Careful Preoperative Airway Assessment

Tricarico Laura^{1*}, Galli Jacopo¹, De Corso Eugenio¹ and Vellone Maria²

¹Department of ENT and Head Neck Surgery, Catholic University, Rome, Italy

²Institute of Special Surgical Pathology, Catholic University, Rome, Italy

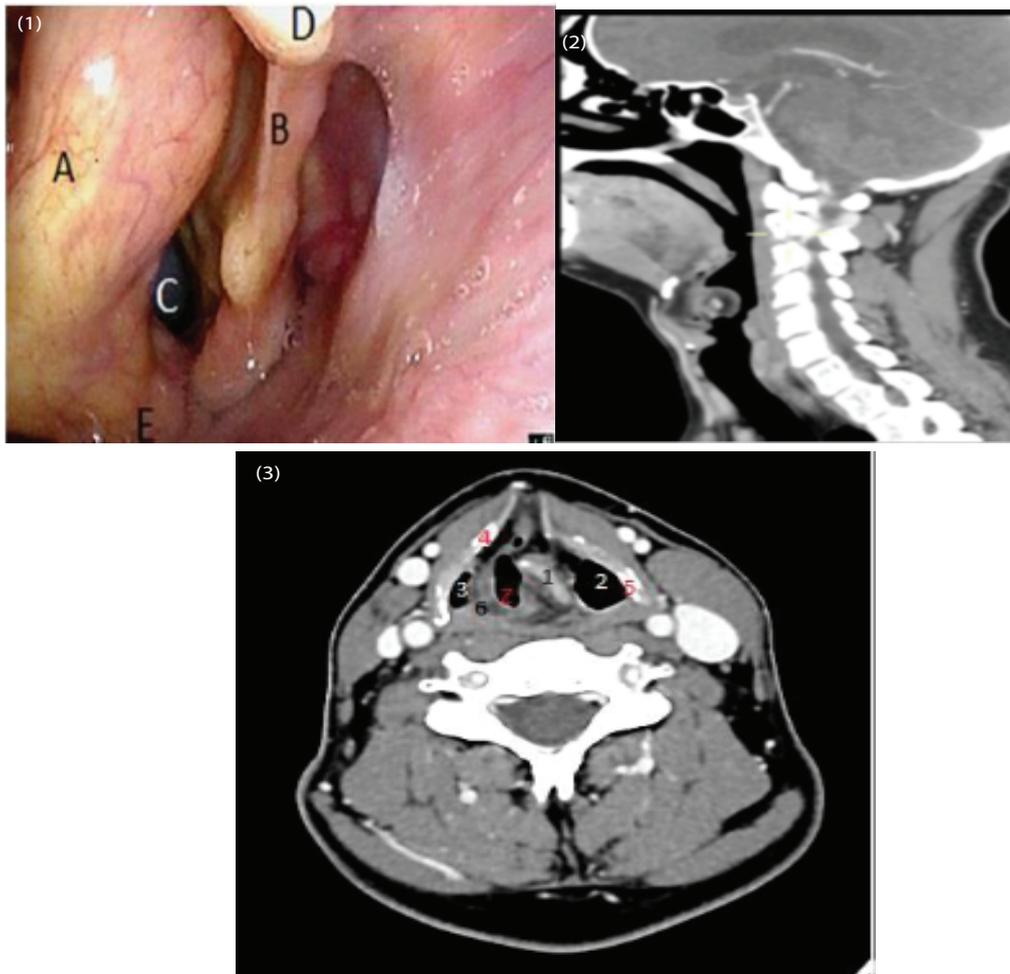


Figure 1: Videolaryngoscopy examination

A-Left aryepiglottic fold
B-Right aryepiglottic fold
C-Glottic airway
D-Epiglottic cartilage
E-Left arytenoids

Figure 2: CT scan of the neck.

Figure 3: 1-Hypodense mass - Left aryepiglottic fold
2-Left pyriform sinus
3-Right pyriform sinus
4- Thyroid cartilage, right side
5-Thyroid cartilage, left side
6-Right aryepiglottic fold
Z-Glottic airway

*Corresponding author: Tricarico Laura Physician, Department of ENT and Head Neck Surgery, Catholic University, Rome, Italy, Tel: + 0039-3888981885; E-mail: lauratricarico90bis@gmail.com

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Clinical Image

A 45-year-old male subject with recent diagnosis of right colon cancer was referred to Department of Otorhinolaryngology for a preoperative airway assessment. The patient presented a long years history of intermittent hoarseness, retrosternal burning and rare episodes of laryngospasm, which however have never been further investigated. Videolaryngoscopy examination (Figure 1) showed a pinkish, smooth and hard mass in the supraglottis, covered by regular mucosa, narrowing anterior glottic region, which demonstrated the left vocal fold fixed in paramedial position. The subglottic space appeared well preserved. CT scan of the neck (Figures 2 and 3) revealed an hypodense mass originating from left aryepiglottic fold incontinuity with the left arytenoids and expanded from the posteromedial left side to superomedial side. The lesion presented a peripheral calcified stippled appearance and was surrounded by discreet soft -tissue masses, without enhancement of intravenous contrast. No enlarged lymph nodes were visible. The imaging findings are indicative of a congenital laryngeal malformation. The airway space was judged sufficient for endotracheal intubation to perform abdominal surgery. No intraoperative or extubation complications occurred. The patient will be introduced to a dedicated follow-up endoscopy to carry out biopsy and surgical treatment of the laryngeal lesion.