

Failure of Glidescope, rescue by macintosh-Old is undoubtedly Gold !

Editor - The past few years have witnessed an increasing use of videolaryngoscopy for the management of the patients with difficult intubation. Glidescope video laryngoscope has recently gained popularity for the management of difficult airway.¹

We recently encountered a failed intubation using glidescope in a patient with rheumatoid arthritis. A 51 year old woman, height 155cm, weight 60kg was posted for bilateral percutaneous nephrolithotripsy. She had a Mallampati score IV, mouth opening of 2 fingers, thyro mental distance of 4cm and restricted neck movements. Intubation using Glidescope video laryngoscope was kept as Plan A for intubation. Anaesthesia was induced with standard general anaesthesia protocol and intubation was attempted using size 4 blade of Glidescope GVL. Only epiglottis was visible. After application of external laryngeal manipulation, the Cormack –Lehane grading improved to IIB. Endotracheal intubation using a 7 mm ID endotracheal tube, mounted on the angulated stylet was tried, but failed. Repeated attempts lead to trauma of the oropharyngeal cavity and the vision was obscured due to bleeding. After suctioning the oropharyngeal cavity, direct laryngoscopy using Macintosh laryngoscope was attempted. A 7mm ID endotracheal tube was successfully passed over a gum elastic bougie. Between the intubation attempts, the patient was ventilated and arterial oxygen saturation was maintained above 90%. The surgery was uneventful and the patient was extubated when fully awake.

Videolaryngoscopes undoubtedly improve the glottic visualization; however difficulty can be encountered during intubation of the trachea. Similar problem was faced in our patient in spite of a good laryngoscopic view.

Till the predictive criteria for difficult videolaryngoscopy are established unanticipated failure to intubate are bound to occur .The efficacy of the different video laryngoscopes in difficult airway situations need to be evaluated , before they gain a position in the difficult airway algorithm.²

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References

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