

Laryngeal mask for airway management in Treacher-Collins syndrome

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Figure. Use of laryngeal mask airway in Treacher-Collins syndrome.

Treacher-Collins syndrome, (TCS) characterised by mandibular-malar hypoplasia is a classical “difficult airway” [1].

A 7.5kg infant with TCS required eye surgery. Retrognathia, malocclusion, and high-arched cleft palate

predicted a difficult airway. Anaesthesia was induced with halothane in oxygen, and spontaneous respiration maintained for 45 minutes with a size 1½ laryngeal mask airway (LMA). This avoided awake techniques, fibre-optic bronchoscopy, and tracheostomy, which are impractical and dangerous in infants [1].

LMA has been used in TCS both successfully, and unsuccessfully due to laryngo-bronchospasm, down-folding of epiglottis, and delayed laryngeal oedema [2,3].

References

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