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Abstracttitel: Successful Conservative Management of a Distal Tracheal Tear in a Septic Octagenarian

Background

While prompt surgical management of life-threatening tracheal injuries is considered a standard of care, recent literature suggests that conservative management by bridging the defect with an airway device may be effective when the injury is in the proximal or middle third of the trachea.¹ We present a case where an innovative approach to conservative management of a distal (pericarinal) tracheal tear resulted in an excellent outcome for an extremely high-risk patient.

Case

A septic 87 year old woman with a 3 cm full-thickness distal tracheal tear was referred for urgent surgical management following a myocardial infarction that had resulted in cardiogenic shock and respiratory failure. Now tracheostomized, positive pressure ventilation had resulted in massive subcutaneous and mediastinal emphysema. Though thoracotomy and formal tracheal repair was scheduled, given her advanced age, positive blood cultures (*Staphylococcus sp.*) and recent cardiac events, conservative management of her tracheal tear was advocated. The tracheal defect was bridged by the fiberoptic placement of separate single-lumen cuffed endotracheal tubes (5.5 mm) to the right and left mainstem bronchi. Positive pressure ventilation of the lungs without further air leak from the tear was achieved using the Y-piece adaptor from a standard double-lumen endotracheal tube and a single ventilator. The defect healed by postoperative day 28 and she was discharged to a rehabilitation facility by postoperative day 68.

Conclusion

Despite previously published recommendations that distal tracheal tears require definitive surgical management, this case demonstrates that distal tracheal tears can potentially be conservatively managed with airway devices.