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Abstracttitel: Glidescope aids in diagnosis of esophageal stricture during difficult TEE probe insertion.

Purpose: To show that in spite of an adequate history and physical examination an esophageal stricture can be missed and then may be diagnosed by Glidescope visualization.

Methods: We present the case of an 83 year old gentleman scheduled for an elective aortic valve replacement (AVR), coronary artery bypass grafting (CABG) and possible mitral valve repair with a previously undiagnosed high esophageal stricture.

The pre-operative history and physical examination with the usual attention to esophageal pathology was performed. The patient denied significant esophageal history. After uneventful induction, and oro-gastric tube placement and removal, we were unable to place the transesophageal echocardiography probe. As esophageal injuries are possible and carry severe consequences, esophageal intubation was eventually attempted with a Glidescope which showed high esophageal stricture with an approximately 5mm opening was diagnosed. Attempts at TEE were aborted. An AVR and CABG were performed. Post operative transthoracic echocardiography showed 1+ mitral regurgitation. In a follow-up interview the patient's wife admitted that her husband has had a life long history of preferring soft foods and that eating meats required prolonged chewing and occasionally caused choking episodes.

Results: Successful diagnosis of an esophageal stricture with the Glidescope.

Conclusion: The pre-operative history and physical examination with special emphasis on esophageal symptoms is imperative for uneventful placement of the TEE probe, and even minor events or historical comments by the patient or family members deserve special attention and further investigation. When encountering unanticipated difficulties during TEE placement, Glidescope utilization may be useful.

