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An emergency percutaneous tracheostomy after dental surgery

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A 79-year-old woman presents to the Emergency Department (ED) with the complaint of a swollen tongue after undergoing a dental procedure that same day. The patient presented with swelling of the tongue after a procedure by a maxillofacial surgeon. She developed gradual swelling of the tongue and mouth area with pain. Physical examination showed slight edema and ecchymosis of the tongue and pharynx. She progressively developed breathing difficulties. The patient was kept in the ED receiving treatment for possible anaphylaxis and the surgeon was consulted. Her swelling continued to deteriorate developing tachycardia, tachypnea and hypoxemia stemming from an upper airway obstruction. Ventilation, intubation and laryngeal mask placement were unsuccessful. This resulted in the Emergency Physician (EP) performing a percutaneous tracheostomy. Emergency exploration of the surgical area showed active bleeding which had gradually obstructed her airway. The bleeding was complicated by her history of hypertension and LMWH. The patient made a full recovery and left the hospital after 10 days. Literature key points are: (1) Anticipating airway difficulty in emergency patients is the first step in avoiding a surgical airway procedure. (2) Do not try to intubate when oxygenation is the priority. Place a classic laryngeal mask. If it fails proceed to needle cricothyrotomy or percutaneous tracheostomy. (3) Know what you're going to use as rescue devices. (4) Practice difficult airway protocols and procedures before you face these situations. EPs should be able to manage and anticipate a “can’t ventilate-can’t oxygenate” situation. Difficult airway management training should become basic content of the EPs curriculum.

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