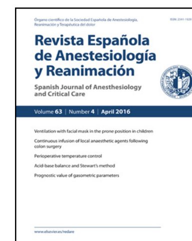
Rev Esp Anestesiol Reanim. 2018;65(3):160−164

Revista Española de Anestesiología y Reanimación

www.elsevier.es/redar



CASE REPORT

Can videolaryngoscopy be a first option in a patient with laryngeal amyloidosis?☆

L. España Fuente*, **G. Mella Pérez, B. Laserna Cocina, J.L. González González**

Servicio de Anestesiología y Reanimación, Hospital Universitario San Agustín, Avilés, Asturias, Spain

Received 10 March 2017; accepted 9 June 2017
Available online 6 February 2018

KEYWORDS
Laryngeal amyloidosis;
Larynx;
Awake intubation;
Video-laryngoscopy;
Anaesthesia;
Difficult airway

Abstract Amyloidosis is a term that involves a group of diseases characterised by deposition of extracellular monoclonal light-chain fibrillar immunoglobulin aggregates in the body, including many organs, with the larynx among them.

A case is presented of a 78 year-old man who was referred to our institution for strangulated umbilical hernia treatment. He suffered from progressive hoarseness and dysphagia for 5 months. He had a history of primary laryngeal amyloidosis. Awake intubation was performed successful with the King Vision® video-laryngoscopy. Sedation was achieved using a remifentanil infusion and midazolam. Haemorrhagic lesions are caused by deposition of amyloid in and around vessels, resulting in increased vascular fragility. Therefore, anaesthetists should take care in intubating the tracheas of these patients.

© 2017 Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor. Published by Elsevier España, S.L.U. All rights reserved.

PALABRAS CLAVE
Amiloidosis laríngea;
Laringe;
Intubación despierto;
Videolaringoscopio;
Anestesia;
Vía aérea difícil

¿Puede la videolaringoscopia ser una primera opción en paciente con amiloidosis laríngea?

Resumen La amiloidosis comprende un grupo de trastornos que se distinguen por el depósito de agregados fibrilares de inmunoglobulinas monoclonales de cadenas ligeras en diversos órganos, entre ellos, la laringe.

A continuación presentamos el caso de un varón de 78 años derivado a nuestro hospital para tratamiento quirúrgico de una hernia umbilical estrangulada. El paciente presentaba disfonía y

☆ Please cite this article as: España Fuente L, Mella Pérez G, Laserna Cocina B, González González JL. ¿Puede la videolaringoscopia ser una primera opción en paciente con amiloidosis laríngea? Rev Esp Anestesiol Reanim. 2018;65:160−164.

* Corresponding author.
E-mail address: lorenespana@yahoo.es (L. España Fuente).

2341-1929/© 2017 Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor. Published by Elsevier España, S.L.U. All rights reserved.

disfagia de 5 meses de evolución debido a la presencia de una amiloidosis laríngea. Se decidió realizar la intubación con el paciente despierto, sedado con remifentanilo y midazolan, utilizando el videolaringoscopio King Vision®. Las lesiones hemorrágicas que pueden acontecer en estos pacientes son debidas al depósito de agregados fibrilares de amiloide, que causan una fragilidad vascular que aumenta el riesgo de hemorragia durante la intubación. Por eso es importante que el anestesiólogo realice un cuidadoso manejo de la vía aérea en pacientes con esta entidad.
© 2017 Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Amyloidosis is characterised by the deposition of amyloid, which is an amorphous material with a protein structure that produces alterations and clinical manifestations in the affected organ or organs.[1] The amyloid substance is composed of amino acid sequences, very similar to those of the amino-terminal residues of light kappa or lambda polypeptide chains of immunoglobulins. It is an amorphous, eosinophilic material that microscopically appears pink on haematoxylin–eosin staining and shows green birefringence with Congo red staining when observed under polarised light.

Amyloidosis affecting the head and neck area is a rare diagnosis, with the exception of the tongue, which is the target organ of primary systemic or multiple myeloma-related amyloidosis.[2]

Case report

We present the case of a 78-year-old man with a BMI of 30 kg/m^{-2} who was admitted to the Emergency Department due to a strangulated umbilical hernia. His personal history included ankylosing spondylitis with onset 20 years previously, arterial hypertension, type 2 diabetes mellitus and dyslipidaemia which was being treated in the home with sinvastatin, enalapril and metformin. Five months earlier he observed the onset of significant dysphonia and dysphagia and was diagnosed with diffuse amyloidosis of posterior commissure and left arytenoids forming an amorphous mass with left vocal cord and subglottic involvement (Fig. 1A and B). He was under follow-up by the Otolaryngology Department, and had been scheduled for excision of the subglottic lesion using CO_2 laser microlaryngoscopy. The patient had been evaluated by the Internal Medicine Department, and amyloidosis-related involvement of other organs had been ruled out.

Examination of the airway revealed a thyromental or Patil distance of 5 cm, retrognathia, significant limitation of cervical flexoextension and Mallampati-Samsoon score of 3.

The patient was transferred to the operating room for emergency median laparotomy and was told that awake intubation with sedation and local anaesthesia would be required. Being very cooperative and pain free, he accepted. Non-invasive arterial pressure, electrocardiogram, pulse oximetry, neuromulscular blockade and bispectral index monitoring was started. The patient was premedicated with intravenous atropine (0.9 mg), followed by administration of 4 ml lidocaine 5% spray, 1 mg of intravenous midazolam, and continuous infusion of remifentanil at a dose of 0.08 $\mu g/kg\,min^{-1}$ along with 8 ml 1% lidocaine gargle. Following administration of the spray, oxygen at

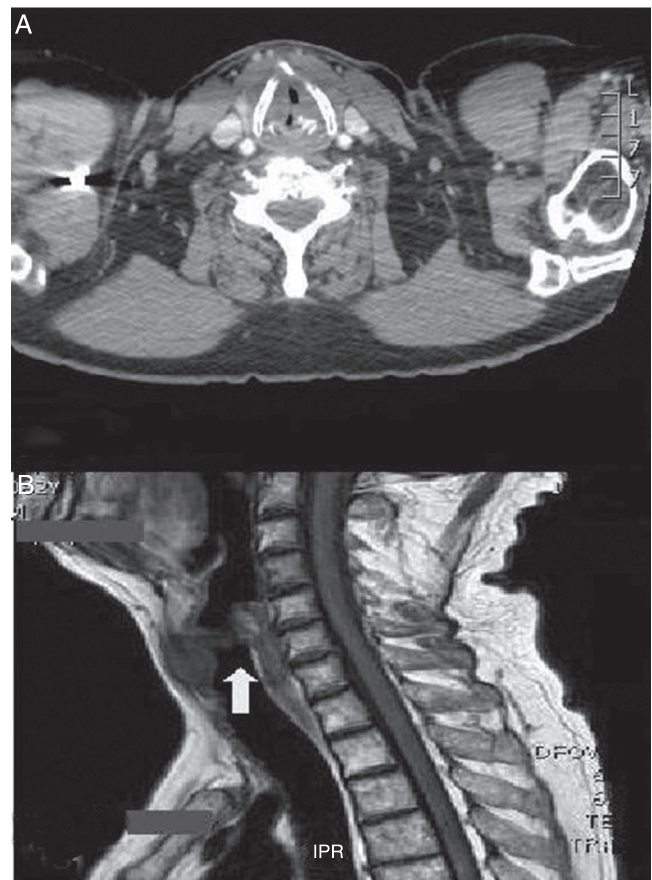


Figure 1 (A) Computerised axial tomography of the neck showing submucosal amyloid infiltration in the subglottic area, resulting in stenosis of the laryngeal lumen. (B) Nuclear magnetic resonance image. Sagittal section, showing amyloid deposit (arrow).

Download English Version:

https://daneshyari.com/en/article/8622395

Download Persian Version:

https://daneshyari.com/article/8622395

Daneshyari.com