

P52

ANAESTHETIC CONSIDERATIONS IN CIRCUMFERENTIAL TONGUE ENTRAPMENT - A CASE REPORT

D. M. Sturrock, Medway Foundation NHS Trust, UK

Circumferential entrapment of the tongue by a foreign body is an infrequent but serious presentation to the emergency department, which may be complicated by ischaemia of the tongue, progressive oedema and airway obstruction.¹

A 5-year-old child presented to the emergency department with entrapment of the tongue in a large plastic water bottle lid. Initial measures to remove the foreign body were unsuccessful. Increasing distress and worsening lingual oedema with early signs of ischaemia necessitated a general anaesthetic to facilitate removal.

Discussion

This is an unusual case of circumferential entrapment of the tongue, where the size and shape of the foreign body precluded face mask ventilation with a proper seal, use of supra glottic airways or orotracheal intubation and fiberoptic nasal intubation was potentially complicated by oedema of the tongue base.

The child was quite distressed and unable to swallow. Our first plan was to do the procedure without general anaesthesia, but this was unsuccessful due to agitation. Plan B was to sedate with Ketamine and preservation of spontaneous breathing, Plan C was nasal fiberoptic intubation and Plan D was front of neck access.

The foreign body was successfully removed under sedation with Ketamine and trans-nasal high flow oxygen with preservation of spontaneous respiration, avoiding the need for intubation. The ENT team needed assistance from the orthopaedic team to use cutting instruments. An identical situation a few months later raised concerns about the design and manufacture of the bottle and this was flagged as a safety issue to the manufacturer.

We present a suggested strategy for management of the airway in circumferential entrapment of the tongue where oral tracheal intubation is impossible for an acute airway intervention.

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Reference

1. Shah, G, Sciarrino, J, Barth, P, Cook, S, O'Reilly, R. Tongue entrapment in aluminium water bottle: discussion of removal and airway management, *Int J Pediatr Otorhinolaryng* 2012;76:757–6010.1016/j.ijporl.2012.02.038