

Letters to the editor

Safe intubation with a gum-elastic bougie in a patient with Forestier's disease

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To the editor: We read with great interest the case report by Ozkalkanli et al. [1] regarding airway management of a patient with Forestier's disease.

Previously, we encountered a patient with anticipated difficult airway showing laryngeal tumor [2]. The 67-year-old man was admitted to the hospital and abdominal aorta graft bypass surgery was scheduled. Before the operation he complained of dysphagia and epigastralgia; thus, upper gastroendoscopy was performed. Imaging revealed a submucosal tumor-like lesion on the posterior wall of the larynx (Fig. 1) and computed tomography suggested a mass effect of osteophytes (Fig. 2). The thyromental distance was relatively short and the mandibula looked small. The consultant anesthesiologist anticipated difficult intubation with the patient.

At the induction of anesthesia, observation of the larynx was difficult for the expert anesthesiologist using a conventional laryngoscope; however, a gum-elastic bougie (GEB) facilitated orotracheal intubation at the first attempt, without any complications [2]. Although the tumor-like lesion narrowed the laryngeal space, we could intubate with a standard polyvinyl tube (internal diameter 7.5mm), with the bougie guidance.

We had not understood Forestier's disease, also called diffuse idiopathic skeletal hyperostosis (DISH), and only the tumor-like change was focused on as the cause of the difficult intubation in the patient. Recently, the patient consulted an orthopedic surgeon and findings of skeletal hyperostosis were diagnosed as DISH. Following the discussion of Ozkalkanli et al. [1], spinal hyperostosis can predispose to chronic myelopathic symptoms and acute spinal cord injury by reducing the flexibility of the spine. The prevalence of spinal hyperostosis was reported to be relatively high [3]. Many more cases of difficult airway in patients with DISH may be overlooked, as occurred in our patient [1].

Anesthesiologists should be aware of Forestier's disease as a factor in causing a difficult airway. Intubation using a GEB is a considerable help for the DISH patient, for avoiding hyperextension of the neck and enabling the insertion of an appropriate-size tube.

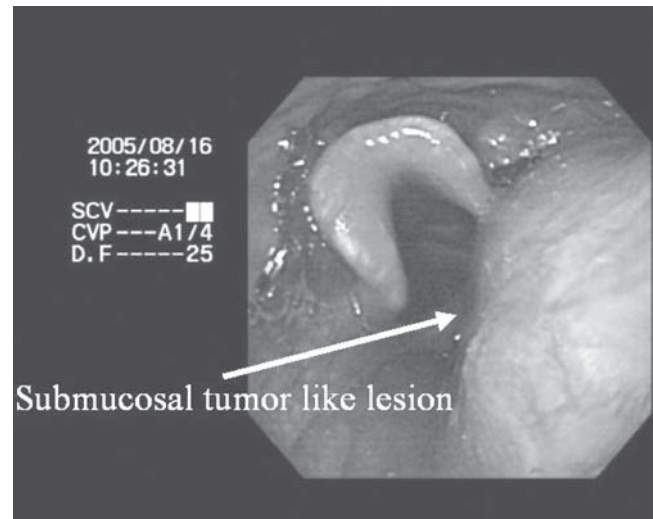


Fig. 1. Endoscopic imaging of a tumor-like lesion on the posterior wall of the middle of the larynx

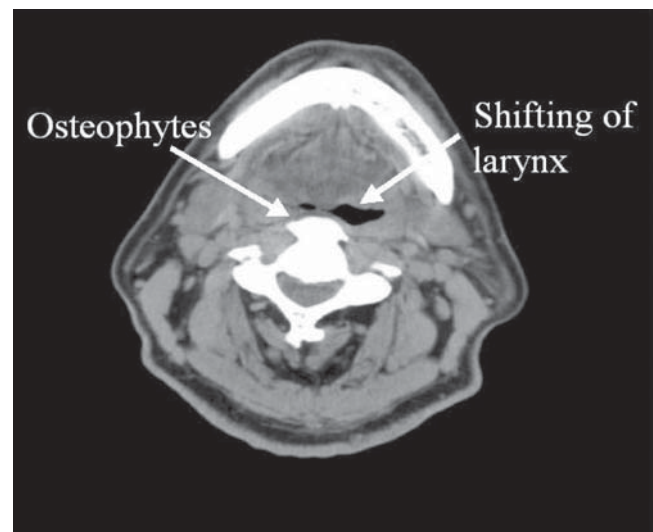


Fig. 2. Computed tomography imaging of cervical spine of the patient, showing osteophytes lying on the anterior surfaces of the vertebrae

References

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