

# Navigating Anesthetic Challenges in a Pregnant Patient with Goiter, Preeclampsia, and Anticipated Difficult Airway: A Case Report

Maria D. Patrocinio, MD; Vandana Gupta, MD; Philip E. Hess, MD; Liana V. Zucco MD

## Background

- Pregnancy may worsen preexisting thyroid disease<sup>1,2</sup>
- Acute respiratory distress is rare but can become life-threatening.<sup>2,3</sup>
- No consensus exists on management of challenging airways due to thyroid masses in pregnancy.

Case of a multiparous woman on the third trimester requiring urgent total thyroidectomy due to respiratory distress by goiter

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42 yo Female

G3P2 at 30w  
gestation

BMI 39.5

Preeclampsia  
with severe  
features

Multinodular  
thyroid goiter

## Increased Risk for Difficult Ventilation/ Intubation

D1



D2

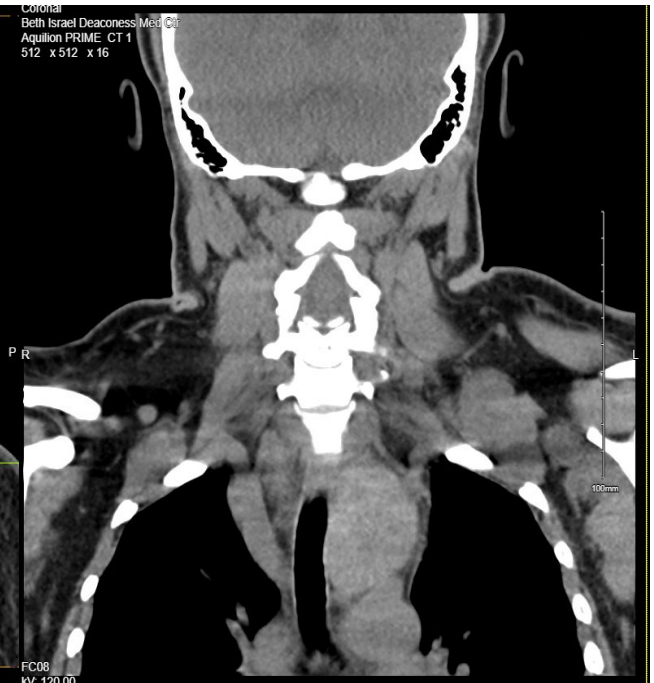
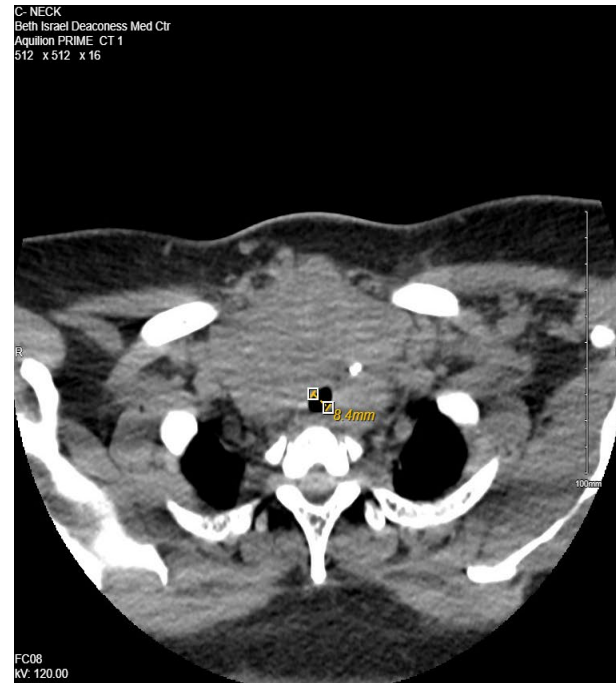
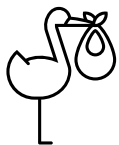


D3



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D28



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## Teaching Points

- Pregnancy, preeclampsia, and physical features increase complexity.
- Imaging should be used to determine goiter size, extension, and tracheal inner diameter.
- A multidisciplinary discussion of the airway plan and alternatives to intubate patients with goiter is imperative
- Early surgical management should be advised.

## References

- 1.PMID: 16325393
- 2.PMID: 30696398
- 3.PMID: 11530752