Breathing Through a Straw

Management of an Obstructive Thyroid Goiter in Labor

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Background:

- Failed intubation 8x more likely in pregnancy
- Time to desaturation after induction is reduced
- Airway compression due to neck mass may prevent successful tracheal intubation
- Multidisciplinary delivery planning needed

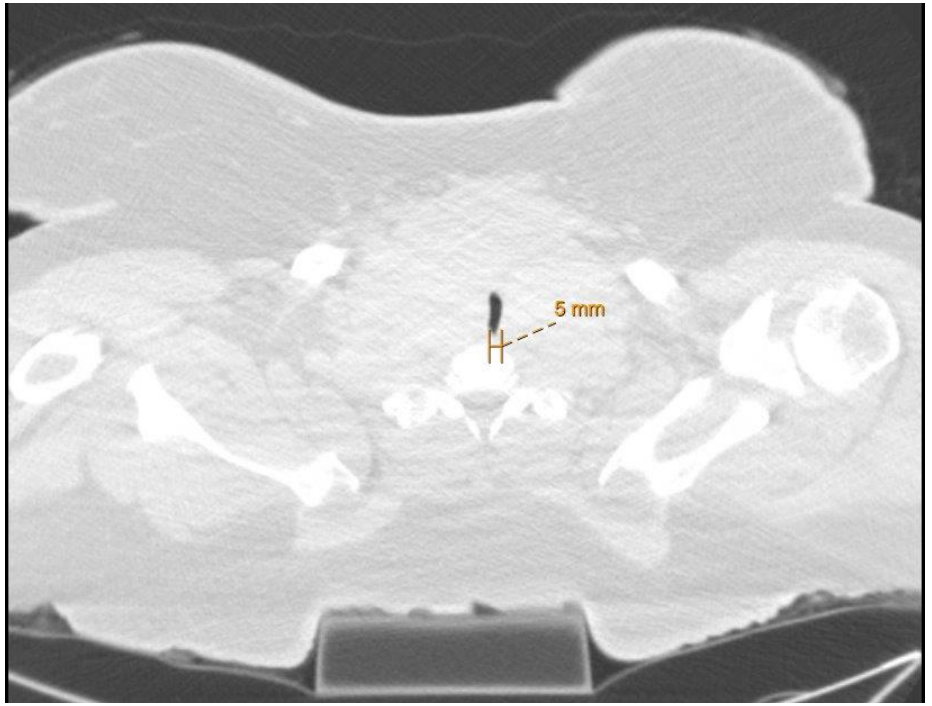
Case Presentation

Presentation
- 40 yo G6P5 presents w/ PPROM & SOB
- Hx: gHTN, OSA, BMI 70, enlarging anterior neck mass
- PE: audible stridor & sitting in tripod position

Workup
- CT head and neck: diffusely enlarged thyroid
- Flexible fiberoptic laryngoscopy by ENT
- Ultrasound of femoral vessels for ECMO

Labor Course
- DPE placed prior to IOL
- O2 requirement increased to 4L/min
- Successful vaginal delivery

Postpartum
- PPD1: hypercapnic respiratory failure -> ICU
- PPD5: urgent thyroidectomy
- PPD8: discharge to home



Clinical Considerations

Risk factors for difficult airway

- Pregnancy & labor
- BMI 70, diagnosed OSA
- Anterior neck mass

Severity of mass effect

- Audible stridor on exam
- Orthopnea
- Increasing oxygen requirements
- Tracheal compression on CT

Ability to initiate ECMO

- Patient factors
- Hospital factors

References

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