Jet Ventilation in a Third Trimester Parturient Undergoing Endobronchial Mass Resection

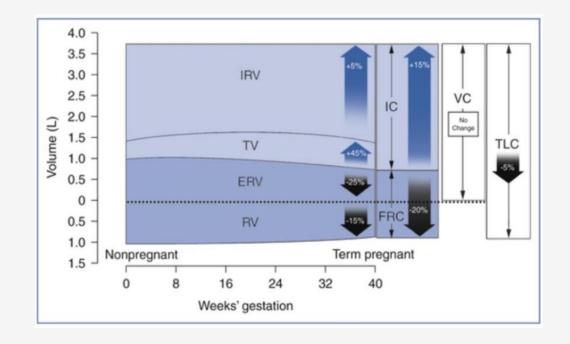


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Introduction

- Pregnancy causes anatomic and physiologic alterations that increase risk of perioperative respiratory complications (1)
- Airway interventions such as jet ventilation are exceedingly rare (2)
- Guidelines for management do not currently exist



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Case

- 35 year-old G2P1 at 30w0d presented with progressive DOE and hypoxia with ambulation
- Workup demonstrated a 1.5 cm L main stem bronchial mass



Pre-operative Intra-operative Discharge Post-operative Rapid sequence Discharged home Multidisciplinary planning •Regular, painful induction and Pathology showed Rigid bronchoscopy contrations began intubation low-grade scheduled Tocolvtics Rigid bronchoscopy mucoepidermoid administered with jet ventilation carcinoma Contractions Mass excision and ceased reintubation Extubation

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Teaching Points

- Normal changes of pregnancy affect respiratory physiology
- Safe use of jet ventilation during pregnancy is possible
- Multidisciplinary pre-operative planning is needed
- Our interventions are important for patient outcomes

References

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- 2.Gascon L, Benyo S, Duggal R, et al. Surgical management of iSGS in pregnant patients: Survery among North American expertise centers. Am J Otolaryngol Head and Neck Med Surg. 2024

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