

Jet Ventilation in a Third Trimester Parturient Undergoing Endobronchial Mass Resection



Weill Cornell Medicine
Anesthesiology

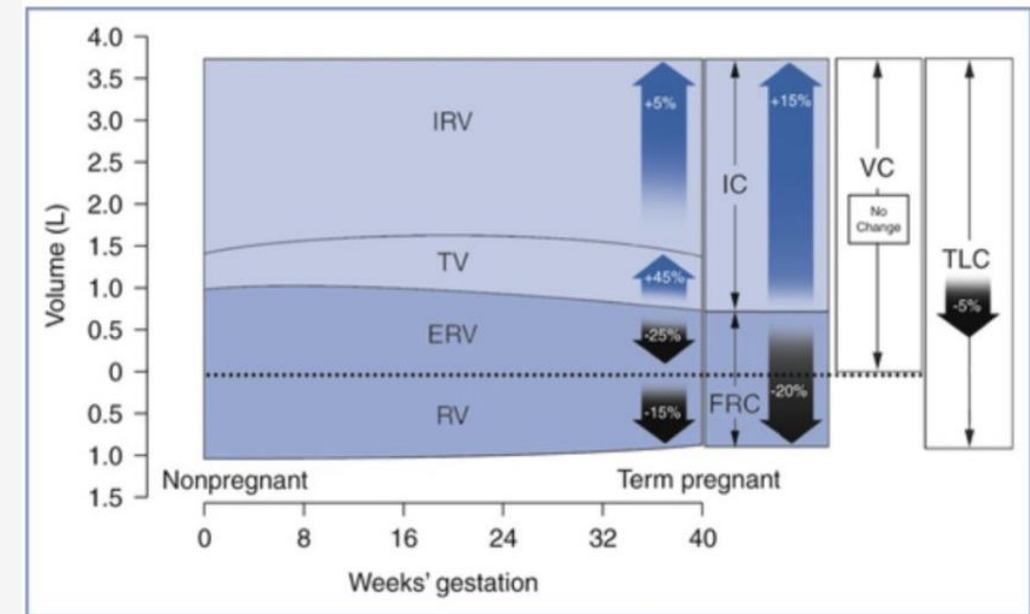
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Introduction

- 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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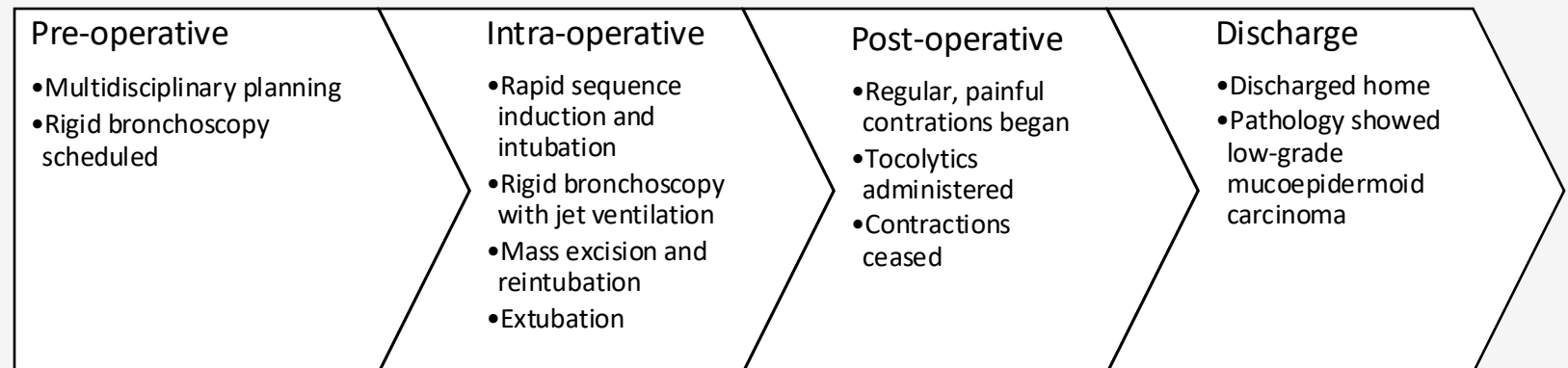
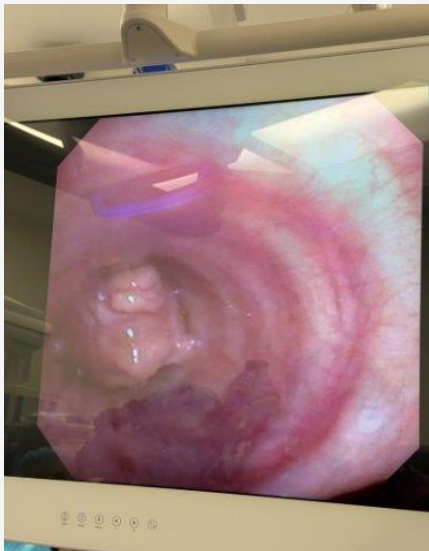
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Case

- 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



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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

1. Chestnut DH, Wong CA, Tsen LC, et al. Chestnut's Obstetric Anesthesia (6th ed). Elsevier. 2020.
2. Gascon L, Benyo S, Duggal R, et al. Surgical management of iSGS in pregnant patients: Survey among North American expertise centers. *Am J Otolaryngol Head and Neck Med Surg*. 2024

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