First Day of Light Saber Training: Electronic Foreign Body in the Oropharynx
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Introduction
Difficult airways are not an uncommon occurrence in pediatric anesthesia and can be due to congenital abnormalities, facial trauma or infection. Foreign bodies in the oropharynx can turn a normal airway into a difficult airway.

Case Presentation
A seven year old male presented to the ED after tripping while running with a toothbrush, lodging the toothbrush in the left oropharynx (Figure 1)
• NPO status – full meal 4 hours prior
• One episode of emesis prior to arrival
• Limited mouth opening secondary to pain
• Anatomy did not appear distorted
• The electric toothbrush presents the added challenge of imbedded battery and electronic components

Intraoperative Course
• Transferred to OR with ENT present
• Advanced airway equipment immediately available
• RSI
• Intubated by DL with grade 1 view
• Toothbrush removed without significant bleeding
• Patient extubated at case end

Discussion
A difficult airway is defined as an airway that is difficult to ventilate, perform direct laryngoscopy or perform tracheal intubation. The difficult airway algorithm can help facilitate plans for complex airway management (Figure 3) (1). With a toothbrush handle protruding from the mouth, mask ventilation was impossible and our plan was to use a LMA if ventilation was needed prior to intubation

Another major aspect of preparing for an anesthetic involving facial trauma is knowledge of potential structures affected by the injury. The retromolar trigone is a triangular shaped area of mucosa that is posterior to the last molar and bounded medially by the buccal mucosa and anterior tonsillar pillar and laterally by the mandible (Figure 4) (2). Given the close proximity of this space to vascular structures, especially the external carotid artery, vascular injury was a concern (3).

Conclusion
Utilizing the difficult airway algorithm and being able to adapt various techniques is essential to dealing with complicated airway management. Knowledge of oropharyngeal anatomy is also necessary when dealing with injuries to the airway and face.

References