



A Careful Preoperative Airway Assessment

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Clinical Image

A 45-year-old male subject with recent diagnosis of right colon cancer was referred to Department of Otorhinolaryngology for a preoperative airway assessment. On admission the patient was a febrile, eupneic (spO₂ =98%), normotensive with normal heart rate. He presented a long years history of intermittent hoarseness and breathy voice, retrosternal burning and rare episodes of laryngospasm, which however have never been further investigated.

Panel A

Videolaryngoscopy examination (Panel A) showed a pinkish, smooth and hard mass in the supraglottis, covered by regular mucosa, narrowing anterior glottic region, which demonstrated the left vocal fold fixed in paramedial position. The subglottic space appeared well preserved.

CT scan of the neck (Panel B) revealed an hypodense mass originating from left aryepiglottic fold and expanded from the posteromedial left side to superomedial side, in contiguity with the left arytenoids. The lesion presented a peripheral calcified stippled appearance and was surrounded by discreet soft - tissue masses, without enhancement of intravenous contrast. No enlarged lymph nodes were visible. The imaging findings are indicative of a congenital laryngeal malformation.

Panel B

The airway space was judged sufficient for endotracheal intubation to perform abdominal surgery. No intubation or extubation complications occurred. The patient will be introduced to a dedicated follow-up endoscopy to evaluate biopsy and surgical treatment of the laryngeal lesion, if respiratory conditions get worse.

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