



Navigating The Goiter: Awake Fiberoptic Intubation and Remimazolam Sedation for the Management of an Anticipated Difficult Airway Due to A Retrosternal Mass

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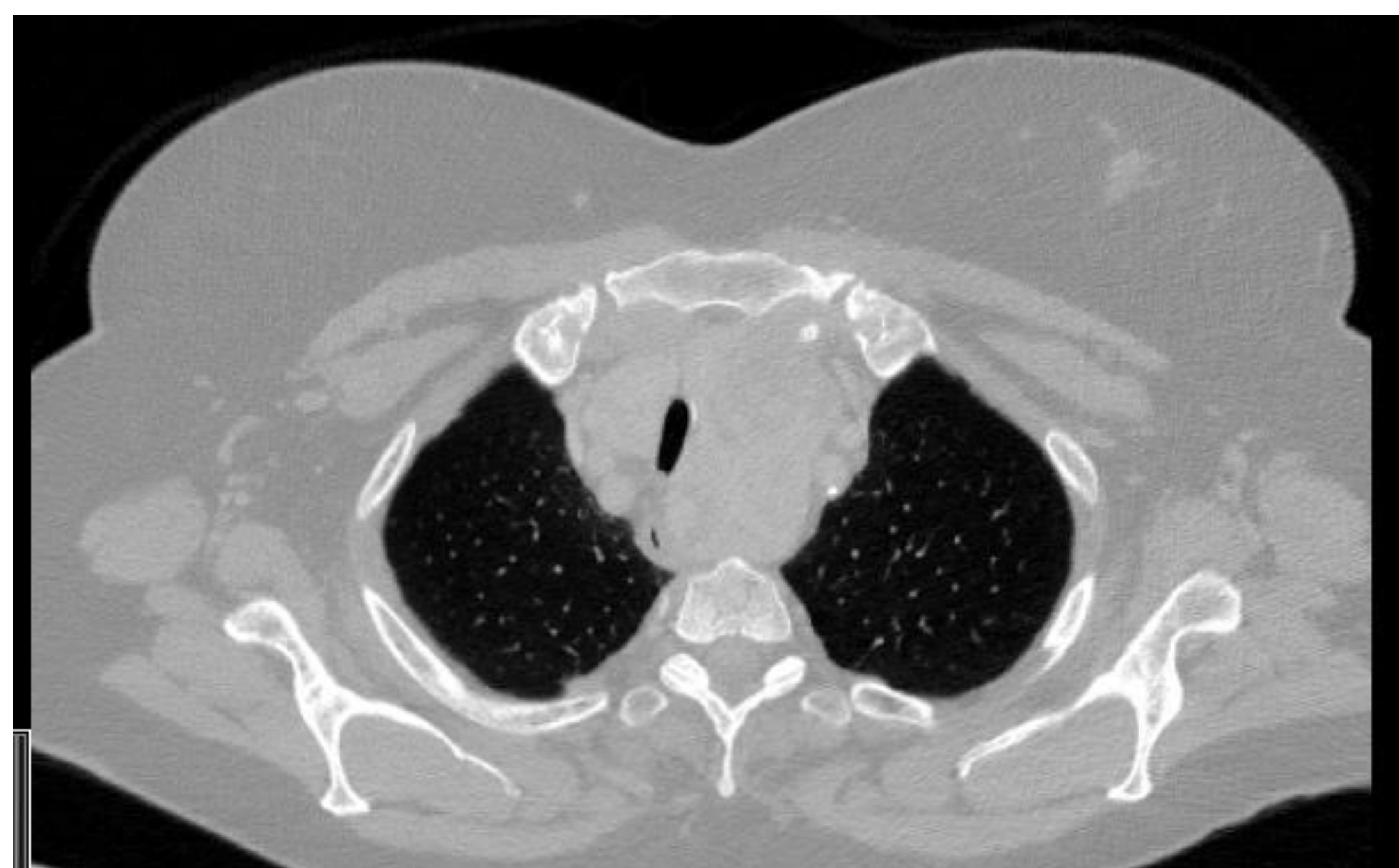
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CASE DESCRIPTION

- **71-years old female** with a PMHx of HTN, Hypothyroidism, OSA on CPAP, goiter.
- Presents for a **total thyroidectomy** for a symptomatic goiter.

CASE WORKUP

- **Radiography**: Enlarged thyroid lobes
 - Right 2*2*8cm and Left 4*4*10cm with compression of trachea to the right at the level of the thoracic inlet.



ANESTHETIC PLAN

- **Plan**: Airway management with an awake fiberoptic intubation
- Pre-op: Nebulized Lidocaine and Glycopyrrolate.
- Intra-op:
 - **Remimazolam** used for procedural sedation.
 - **Awake fiberoptic intubation with 6.0 ETT.**
- Normal glottic structures viewed, and bilateral tracheal compression below cord visualized.
- 6.0 ETT Successfully advanced past narrowing.
- General anesthesia induced and maintained with propofol and remifentanil infusions.
- Uneventful anesthetic and recovery.

DISCUSSION

- Awake fiberoptic intubation (AFOI) is particular useful in the management of difficult airways such as those caused by large thyroid goiter (1-2).
- Effective topical anesthesia improves tolerability and success of AFOI.
- Remimazolam, a novel benzodiazepine with short context-sensitive half life, was our agent of choice to enhance sedation and minimize respiratory depression.
- Recent trial revealed positive findings with shorter intubation time, higher antegrade amnesia with AFOI as compared to precedex (3).

REFERENCES

1. Ahmad I et al. 2022. Difficult Airway Society Guidelines for awake tracheal intubation in adults.
2. Jeffrey et al. 2022. American Society of Anesthesiologists Practice Guidelines for Management of the Difficult Airway.
3. Chen Q et al. 2024 The Safety and Efficacy of Remimazolam compared to Dexmedetomidine for Awake Tracheal Intubation by Flexible Bronchoscopy: A Randomized, Double Blind, Controlled trial.