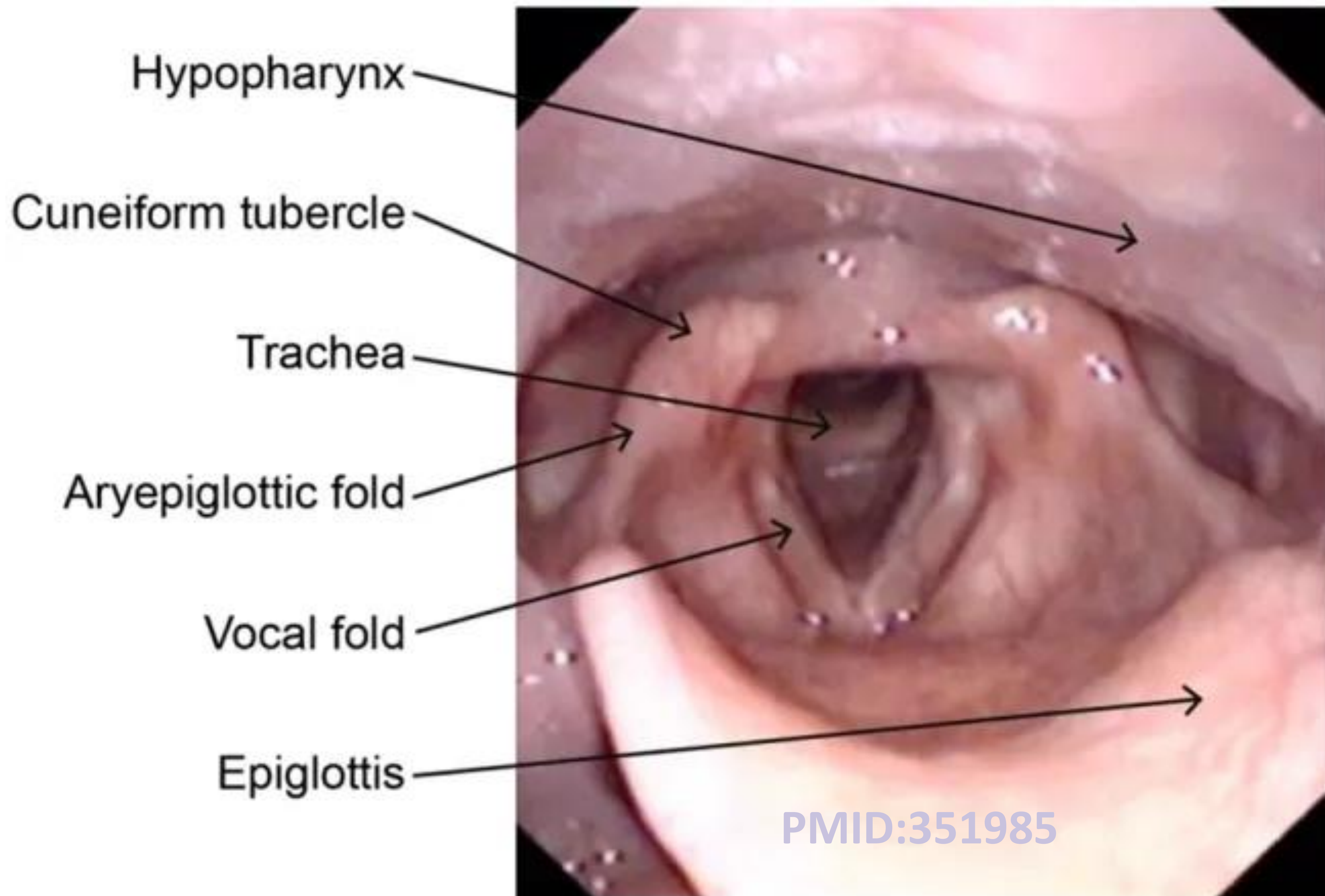


Anesthetic Management of a Pregnant Patient with Post-Radiation Supraglottic Stenosis Undergoing Laser Excision

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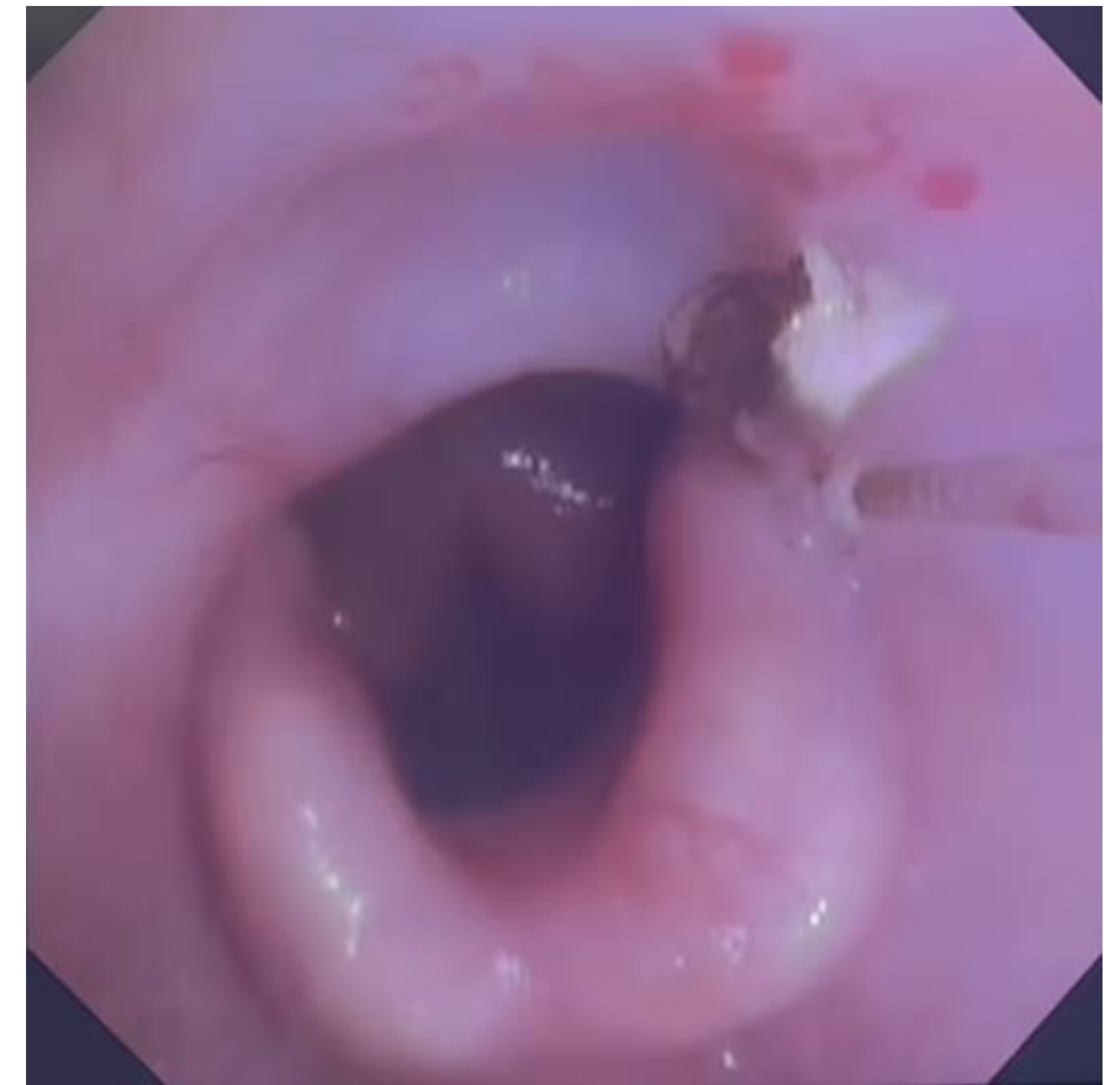
Background

- Supraglottic stenosis is a rare entity that occurs as a result of radiation, caustic exposure, or trauma.
- Due to the physiologic changes of pregnancy, many patients with airway stenosis will require surgery for worsening symptoms.
- The anatomic and physiologic airway changes during pregnancy increase the complexity of perioperative and anesthetic care for patients that require airway surgery.

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Case Summary

- **Patient:** 34F at 24 weeks with history of nasopharyngeal carcinoma with post-radiation supraglottic stenosis
 - **PMH:** Radiation-induced esophageal stenosis requiring gastric tube
 - **PSH:** Multiple airway dilations per ENT
 - **Anes hx:** MAC, GETA
- **Procedure:** Flexible laryngoscopy with blue light laser excision and balloon dilation
- **Anesthetic Management**
 - **Preop:** glycopyrrolate, famotidine, normal fetal heart tones
 - **Intraop:** awake, spontaneous ventilation; remifentanyl, topical lidocaine
 - **Vitals:** stable throughout, no desaturations
 - **Postop:** normal fetal heart tones



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Teaching Points

- Airway surgery in pregnancy necessitates thorough risk-benefit analysis when choosing between intubation for airway protection and monitored anesthesia care with spontaneous ventilation.
- For pregnant patients with stenotic airway lesions, monitored anesthetic care may be preferable to general anesthesia with an endotracheal tube due to increased risk of difficult airway and failed intubation.
- When titrated appropriately, remifentanyl can provide adequate analgesia without causing respiratory depression or loss of consciousness.

References

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