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RETROGRADE TRACHEAL INTUBATION IN NATIONAL CANCER CENTER

B Bolormaa, S Denis, B Gan Erdene and B Battengel

National Cancer Center, Mongolia

Anesthesia Process: The patient's back and place the O₂ mask using the 20 G intravenous IV fentanyl 100 µg. We reported successful anesthesia retrograde tracheal intubations in NCC. Case I: 03 June 2015, A 30 year-old male patient was posted for elective surgery head and neck department. The surgery required to recurrent tumor (d=6 cm) of Rt. Submandibular gland T₂N₁M₀ do MND tumor remove. On examination of the airway, all parameters such as mouth not opening (he had big accident and neck surgery in 2002, 2007, 2012). Chin-thyroid distance: less than 2 cm. Dentures, removable teeth. Case II: 19 Sep 2015, A 66 year-old male patient posted for emergency case head and neck surgery department. The patient had two surgeries NCC. First elective surgery was 17 Sep 2015 (required to big tumor resection and reconstruction by ALTF in cancer mandibles) with normal intubation. Second emergency surgery was 19 Sep 2015 (free plate to restore the blood supply and airway oxygen supply to increase) with retrograde intubation. He was breathing periodically

interrupted. Case III: 06 Feb 2016. A 57 year-old male patient posted for elective case head and neck surgery department. The surgery required to recurrent tumor (d=5 cm) of tongue (near epiglottic and trachea almost closed). On examination mouth normal opening but he was breathing difficult. We cannot put retrograde intubation, our surgeons put tracheostomy.



Biography

B Bolormaa has completed his/her MBA from Mahidol University in Thailand and Doctorate from NMU Mongolia. She has worked in Anesthesia Department of NCC of Mongolia since 2000. He/she has published more than 15 papers in reputed journals. She has studied in Thailand, South Korea, Switzerland and Egypt

Batnasan_bolormaa@yahoo.com