

# VLM TotalTrack® Use In A Large Cystic Lesion In Left Arytenoepiglottic Fold: A Case Report And Review Of Literature

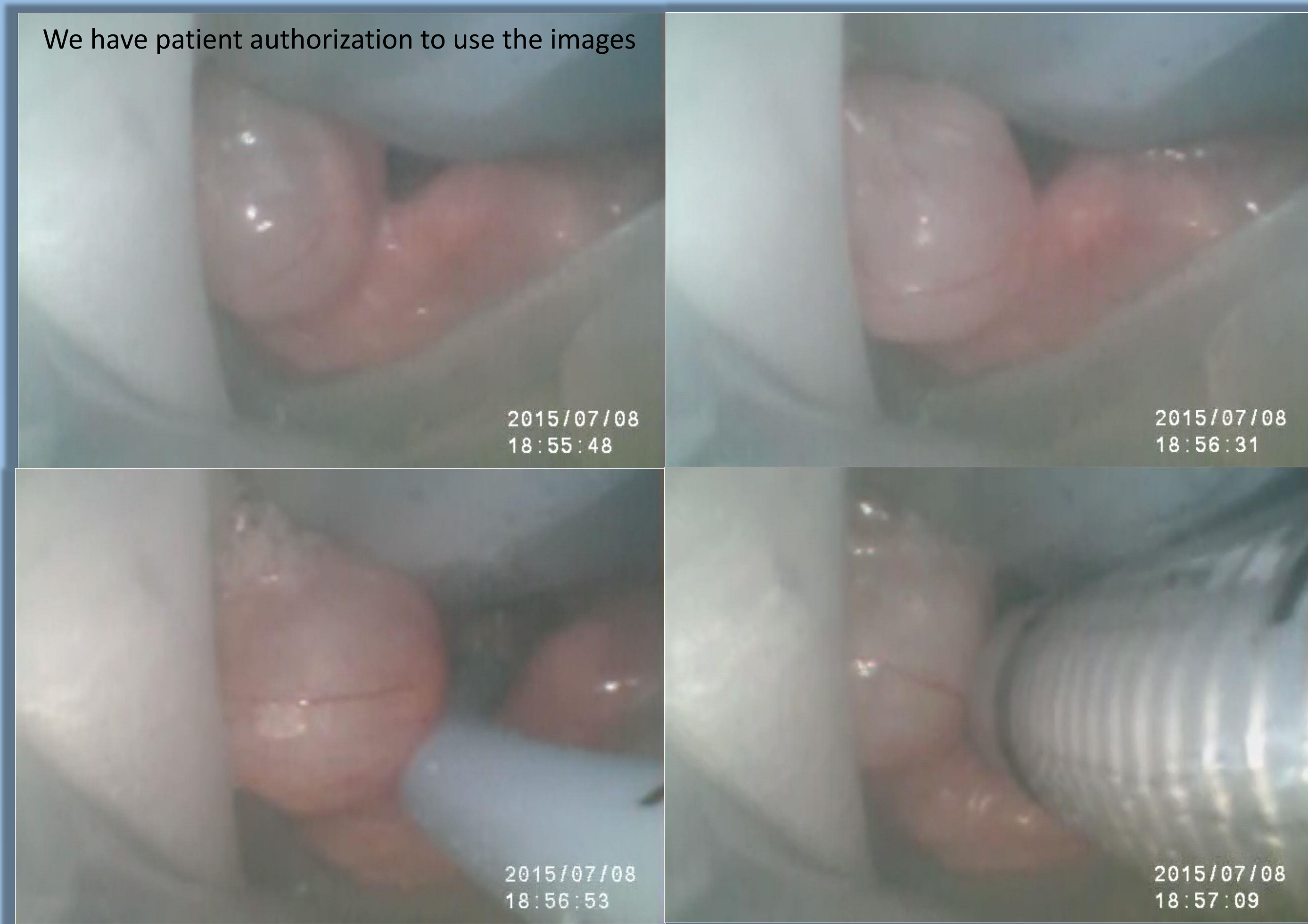
Martinez Hurtado, Eugenio1; Sanchez Merchante, Miriam2; Muñoz Saldaña, Paloma1; Lucena de Pablo, Elena1; Ripolles Melchor, Javier1; Sanz Gonzalez, Rosa1  
1Hospital Universitario Infanta Leonor;2Hospital Universitario Fundación Alcorcón



**Introduction:** anesthetic induction usually leads to apnea, and preservation of oxygenation during intubation is essential (1). As intubation can potentially become a lengthy procedure, anesthesiologists must keep in mind the risk of desaturation. VLM TotalTrack® (Medcom Flow, Barcelona) is a novel videoassisted intubating supraglottic airway device which allows minimally interrupted ventilation during tracheal intubation under continuous video guidance.

**Case:** An 80-years-old woman who attended due to a two-month history of pharyngeal itching and dysphonia. Nasofibrolaryngoscopy showed a large cystic lesion in the left arytenoepiglottic fold. Removal vs. marsupialisation was scheduled.

We decided management with VLM TotalTrack® because of the risk of complications during ventilation and/or intubation after induction (plan A). Our alternative plan was to rescue by ventilation with the same device, and second attempt intubation using an extraglottic device (Frova®) (plan B). If can't intubate, we wake up the patient when muscle relaxation be antagonised (plan C). If Failed Ventilation and Failed Intubation, our plan was awake the patient vs. surgery approach (plan D).



In OR patient was asleep and relaxed, and ventilated without incidents with VLM TotalTrack®. It was necessary to use a Frova through the endotracheal tube (plan B) to success intubation.

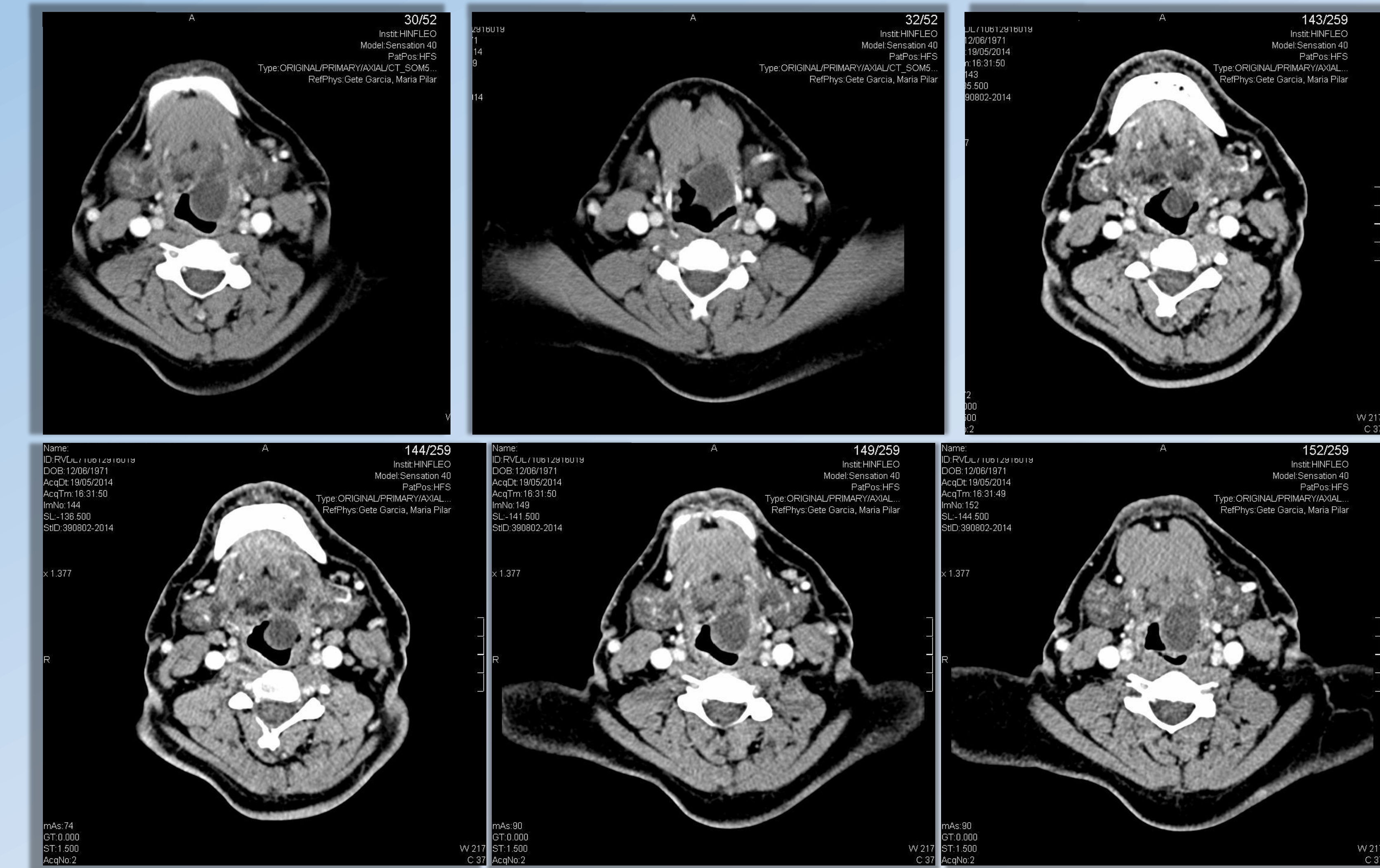
The whole procedure was performed without desaturation or tear cyst, keeping a correct ventilation with continuous laryngeal video guidance.

**Discussion:** videolaryngoscopes offer theoretical opportunities and advantages over traditional direct laryngoscopes (2,3). VLM TotalTrack® allowed maintain ventilation during all tracheal intubation with continuous video guidance.

This device features a rigid introducer and a soft disposable laryngeal mask, similar to other supraglottic airway devices, avoiding any traumatic injury over the oropharyngeal mucosa or the epiglottis, while a preloaded tracheal tube forms the breathing tube when functioning as a laryngeal mask.

## References

- 1.- Bouroche G1, Bourgain JL. Preoxygenation and general anesthesia: a review. Minerva Anesthesiol. 2015 Aug;81(8):910-20. Epub 2015 Jun 5.
- 2.- Aziz, Michael. The Role of Videolaryngoscopy in Airway Management. Advances in Anesthesia, Vol. 31, No. 1, 2013, p. 87-98.
- 3.- Cook TM, Woodall N, Frerk C; Fourth National Audit Project. Major complications of airway management in the UK. Part 1: anaesthesia. Br J Anaesth 2011;106:617-631.





## Learning points:

1. Although preoxygenation must be routine, oxygen reserves are not always sufficient to cover the duration of intubation.  
  
O2 can also be administered during the intubation procedure with different techniques, and anesthesiologists must be prepared to handle life-threatening emergency situations.
2. VLM TotalTrack® was shown to function well as a laryngeal mask, allowing continuous ventilation while optimising the view during tracheal intubation.
3. VLM TotalTrack® is the first and only device which allows a continuous ventilation with constant positive pressure oxygen supply during ventilation and intubation, as well as the possibility of extubate under a continuous video guidance.
4. VLM TotalTrack® allows the overall management of the airway: an initial approach while maintaining ventilation, optimal intubation, and if this fails, during the rescue attempt, which would be done with the same device.