P147: Down syndrome: Rapid Maxillary Expansion and ENT Evolution
Carla Pinto Moura, presenter, David José Casimiro Andrade, Luis Miguel Cunha, Maria Joao Cunha, Manuel Antonio Caldeira Pais Clemente and Sigfried M. Pueshel
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What is This?
P146
Intubation via a Flexible Bronchoscopic Seldinger Technique
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Gainesville FL

OBJECTIVES: 1. Learn an effective method of endotracheal intubation of a patient with a difficult airway due to the anatomical manifestations of Klippel-Feil syndrome. 2. Understand the relevant anatomical features of Klippel-Feil syndrome.

METHODS: A case report was prepared of an intubation event that took place in August 2005. It describes a single use of a Seldinger technique of flexible bronchoscopic intubation of a child with Klippel-Feil syndrome. The outcome was successful intubation after other attempts using standard techniques had failed.

RESULTS: Under flexible nasotracheal bronchoscopic guidance, an endotracheal tube was successfully passed over a guidewire into the subglottic airway of an eight-year-old child with Klippel-Feil syndrome. The technique is straightforward and uses materials readily available in an operative suite. The case report describes the technique as well as features of the Klippel-Feil syndrome. In addition, the case report includes a review of previously reported intubations of patients with Klippel-Feil syndrome and previous reports of similar Seldinger-type intubation techniques.

CONCLUSIONS: Anatomical features of the upper airway in patients with Klippel-Feil syndrome make endotracheal intubation by standard techniques difficult or even impossible. The technique described may be successful in other patients with Klippel-Feil syndrome or with similar anatomical features.

P148
Septoplasty in Children: Initial and Long-Term Results
Wilma Teresinha Anselmo-lima, MD PhD (presenter); Myriam Isaac, MD; Ricardo Demarco, MD; Fabiana Valera, MD
Ribeirão Preto Brazil

OBJECTIVES: To evaluate the clinical effectiveness of Metzenbaum surgery for nasal deviation in children, associated or not to inferior turbinectomy.

METHODS: Retrospective analysis of 63 pediatric patients subjected to Metzenbaum septoplasty, associated or not to inferior turbinectomy, in Clinics Hospital–Faculty of Medicine of Ribeirão Preto–University of São Paulo.

RESULTS: The main preoperative symptoms were nasal obstruction (63/63 cases), mouth breathing, snoring, itching, and sneezing; 46 patients were subjected to septoplasty and 17 to septoplasty associated to inferior turbinectomy. Of these, 47 patients had significant clinical improvement, while 16 didn’t. These patients were evaluated to diagnose the cause of failure in treatment. From the 12 patients subjected only to septoplasty, 6 had posterior septal deviation associated with inferior turbinates hypertrophy; 5 had recurrence of anterior septal deviation; and 1 had anterior synechae. From the 4 patients submitted to septoplasty and inferior turbinectomy, 2 had posterior septal deviation associated with inferior turbinates hypertrophy, and 2 had only inferior turbinates hypertrophy.

CONCLUSIONS: Metzenbaum septoplasty is safe and efficient for the treatment of nasal obstruction in children. Failures, however, may exist, and they mainly occur due to posterior septal deviation associated with inferior turbinates hypertrophy or to recurrence of anterior septal deviation; parents should, therefore, be well counseled.