Introduction:

According to the literature an airway complication followed thyroid gland surgery are: difficult trachea intubation, tracheomalacia, postextubation stridor and bleeding [1,3]. Most common cause of death was problem with respiration and airway obstruction [2]. Subsequent hypoxia could require emergency airway and even tracheostomy[3]. Aim of our study was to determine the most common of airway complications and their association with type of surgery in our region.

Methods:

The retrospective cohort study included 400 pts., (369 women, 31 men) was performed in Odessa regional Hospital, Oncology Centre Odessa. There were three types of patients: with euthyroid goiter - 170(43%), polynodos goiter - 125(31%) and thyroid cancer - 105(26%). Airway complications were diagnosed after trachea extubation based on indirect laryngoscope, presence of stridor, desaturation. The Pearson’s criteria was calculated.

Results:

The ratio of airway complications after thyroid surgery was 9.7% (39 pts). The main reasons of airway complications in thyroid surgery included: laryngeal edema - 22 pts(5.5%); recurrent laryngeal nerve injury - 12 pts(3.0%) and postoperative bleeding 5 pts(1.2%).

Conclusion:

Thyroid gland cancer and polynodosal goiter associated with laryngeal edema and recurrent laryngeal nerve injury (Pearsen criteria were 0.271 -moderate and 0.203 consequentially). It's may require more attention from the anesthetists after extubation and readiness for an urgent airway.

References:


Table:

<table>
<thead>
<tr>
<th></th>
<th>Laryngeal edema</th>
<th>Pearson´s Criteria</th>
<th>Recurrent nerve injury</th>
<th>Pearson´s Criteria</th>
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<td>0.147 weak</td>
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<td>Thyroid gland cancer</td>
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<td>0.271 moderate</td>
<td>6</td>
<td>0.203 weak</td>
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Association between type of surgery and airway complication.