

# Journal Pre-proof

Omega-shaped epiglottis: a challenge<!--<RunningTitle>Omega-shaped epiglottis: a challenge</RunningTitle-->

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**BJAN-D-20-00406 - Clinical Image****Omega-shaped epiglottis: a challenge**

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A heavy smoker 49-year-old man, American Society of Anesthesiologist physical status III, with positive history of gradually worsening dyspnea was proposed for Suspension Microlaryngoscopy surgery. Airway evaluation showed a grade III Mallampati score and no apparent or palpable cervical mass. After pre-oxygenation and induction, orotracheal intubation was performed with C-MAC D blade Videolaryngoscope®, and founded an omega-shaped epiglottis (OSE) (Fig. 1), with vocal cords visualized only after lifting the epiglottis with the tip of the curved blade (Fig 2). Intubation was accomplished using a 4.0 mm cuffed microlaryngeal orotracheal tube, anesthesia was maintained with sevoflurane and controlled ventilation. Anesthesia emergency was uneventful.

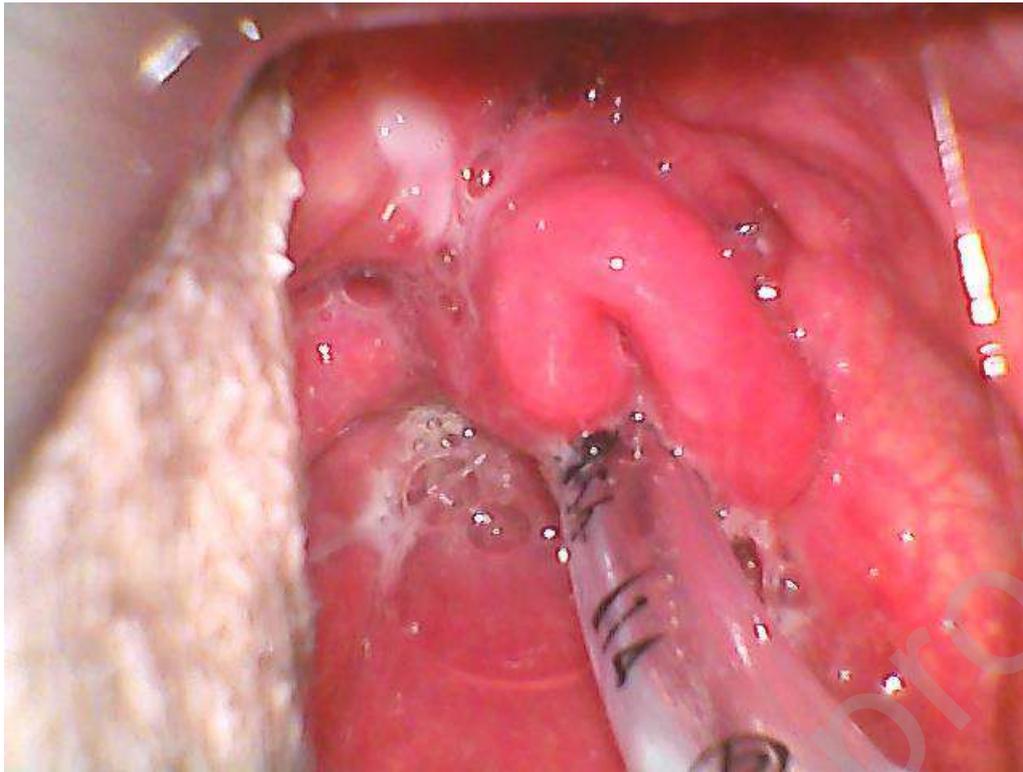
OSE is a variant configuration of epiglottis in which the lateral folds are curled inwards.[1] Although not necessarily pathological, it may be associated with laryngomalacia and supraglottitis.[2] From the anesthetic point of view, potential problems of OSE include variable airway obstruction and compromise. Anatomical changes of the epiglottis should serve as a warning for difficult airway, namely with face mask ventilation and orotracheal intubation/extubation.[3] Preoperative anesthetic evaluation should include investigation symptoms suggestive of intermittent airway obstruction and image evaluation (MRI or CT-scan of the head and neck) (Fig. 3).

**References**

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**Figure 1** - Omega-shaped epiglottis visualized with C-MAC D Blade videolaryngoscope.



**Figure 2** - Exposition of larynx and vocal cords after lifting epiglottis.



**Figure 3** – CT-Scan of head and neck showing omega epiglottis.

