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Pneumomediastinum and pneumothorax following micro laryngoscopy

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Micro laryngoscopy is a very common and relatively safe procedure performed frequently by otolaryngologists. A 50-year-old female presented to our health service for micro laryngoscopy and laser excision of bilateral Reinke's edema. The patient had a significant smoking history and was experiencing soft stridor at rest and severe dysphonia. The patient underwent oral intubation, and suspension laryngoscopy was performed using a Dedo scope. Laser excision of Reinke's edema was performed bilaterally, and the patient was transferred to the post-operative bays. No accidental mucosal laser injury was noted during the operation. However, in recovery, the patient became dyspneic and required oxygen via a Hudson mask due to hypoxemia. Clinical examination revealed extensive subcutaneous emphysema, however, flexible nasoendoscopy showed a normal post-operative appearance of the vocal cords and subglottis, with no airway compromise. Chest

x-ray and computed tomography scan revealed a small pneumomediastinum and small bilateral pneumothoraces, as well as extensive subcutaneous emphysema, centered around the vocal cords. The patient was transferred to the intensive care unit in a stable condition; however, 6 hours postoperatively was severely fatigued due to increased work of breathing and was intubated. The patient remained intubated until day four postoperatively and was discharged from the hospital on day eight postoperatively. Although no laser injury to the larynx was noted intraoperatively, it is presumed that the resultant pneumomediastinum was a complication of the laser excision of Reinke's edema. This case reminds us that even the most routine airway surgeries carry risk, and in all surgery, no matter how routine, unexpected complications can arise.

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