

# SUBMENTAL INTUBATION: TWO CASE REPORTS PRESENTING AN ALTERNATE APPROACH TO SECURING THE AIRWAY IN TRAUMA PATIENTS

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knowledge changing life



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# NASAL INTUBATION

- Commonly used for maxillofacial traumas or oral surgeries. (Allows surgical field without ET tube obstructing view)
- Contraindications

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# A BIKE AND A LADDER

- 30y & 70y with each with multiple facial and skull fractures after trauma
- Submental chosen with presence of basilar skull fracture and discussion with surgical team



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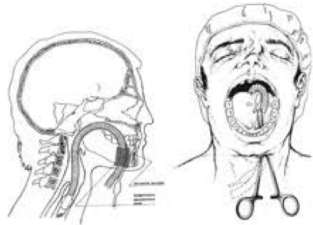
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### SUBMENTAL INTUBATION



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### COMPARISON

	Indications	Contraindications	Complications
Nasal	Maxillofacial trauma, oral surgeries, limited mouth opening, can be done awake	Emergency airway, basilar skull fracture, nasal pyramid fracture, CSF leak	False passage, epistaxis, sinusitis
Submental	Nasal contraindicated, maxillofacial or oral surgeries	Limited mouth opening, coagulopathy, prolonged intubation	Local infection, scar, fistula, tube kink
Tracheostomy	Surgical airway required, extend postoperative ventilation, upper airway trauma	Coagulopathy	False passage, tracheal stenosis, TE fistula, vocal cord injury, infection, scar formation

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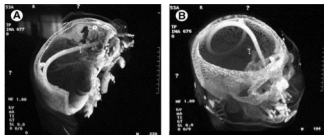
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### NASAL INTUBATION WITH SKULL FRACTURE

- 5 known cases of cranial intubation
- At least 40 cases reported of nasogastric tubes being placed intracranial



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### SAFETY OF NASAL INTUBATION

- Plethora of data showing no complications if skilled anesthesia provider performing procedure
- Each case is unique
- Submental useful alternative when there are concerns with nasal approach



References:  
 Paul M. Dackiw, Es et al. (2005) British Journal of Anaesthesia 4: 603-604  
 Jambik B. et al. (2012) Int Journal of Oral Maxillofacial Surgery 4: 46-54  
 Inal G. et al. (2014) Journal of Clinical and Diagnostic Research 8: 77-79

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- Advance the standards for delivery of outstanding patient care through the development of innovative application of processes and technology.
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