

Use of a bronchial blocker in the prone position

Sir,

A 28-year-old gentleman, who was previously healthy, was found to have a large spine tumor involving the mid-thoracic level that was found incidentally on a chest X-ray examination [Figure 1] when he was applying for a job. He had no pain and was neurologically intact. Further investigations by computerized tomography scan (CT scan) and magnetic resonance imaging (MRI) revealed a well-circumscribed cystic lesion arising from the costovertebral junction involving the T7 vertebra and adjacent rib [Figure 2]. It had multiple sclerotic margins with

internal septations and calcification. The surgical plan was a two-staged surgical technique. The first stage was the posterior approach with the patient in a prone position to stabilize the spine and resect the tumor. The second stage was to reposition the patient into a lateral decubitus position for a thoracotomy. Accordingly, the plan for general anesthesia was sought to insert bronchial blocker and not a single lumen tube. Managing double-lumen tubes in a prone position was challenging hence, we did not intend to use it. Therefore, in this case, we used a bronchial blocker (BB), univent tube,^[1] and we placed the blocker under vision using fiber optic bronchoscope (FOB) to the target bronchus. We

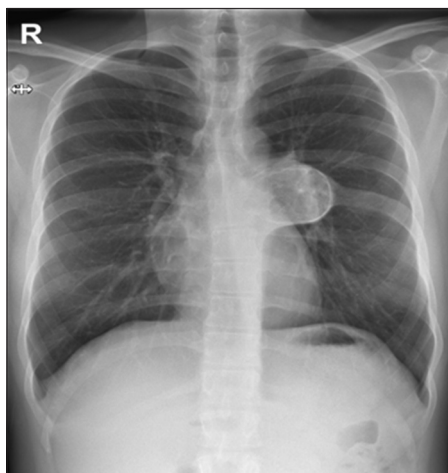


Figure 1: X-ray chest with a large osseous lesion in the mid-thoracic area



Figure 2: Axial chest CT shows an osseous lesion of T7 vertebral body and adjacent rib

kept the blocker pilot cuff deflated. As surgery proceeded the tumor was completely resected from the posterior approach with instrumented fusion from T6 to T8. There was no need for thoracotomy. The patient recovered well postoperatively and was discharged home well. Pathologic examination of the tumor revealed enchondroma.

We believe using BB in the prone position is another good indication if the patient will undergo a surgical procedure in two stages like our case. We believe that this indication of bronchial blockers should be added to the indications of using BB.

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Conflicts of interest

There are no conflicts of interest.

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