



## CLINICAL IMAGES

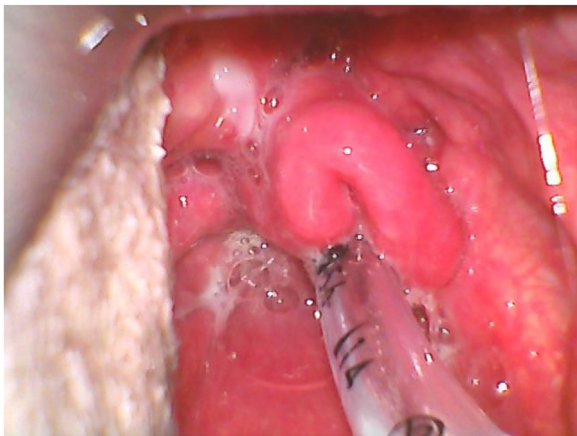
### Omega-shaped epiglottis: a challenge

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A heavy smoker 49-year-old man, American Society of Anesthesiologists (ASA) 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 preoxygenation 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



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



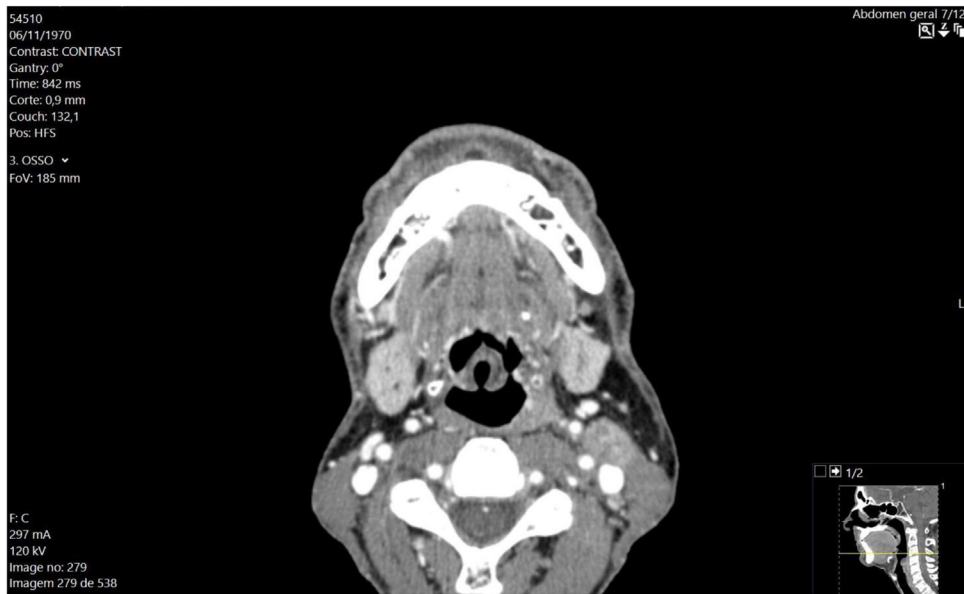
**Figure 2** Exposition of larynx and vocal cords after lifting epiglottis.

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.<sup>1</sup> Although not necessarily pathological, it may be associated with laryngomalacia and supraglottitis.<sup>2</sup> 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.<sup>3</sup>

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

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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