Letter to the Editor

Persistent Cough in an Infant "Anticipate the Unanticipated"

Omprakash TM[1], Subhadra Jalali[2], Payal Pyati[1], Raja Narsing Rao[1]

[1]Department of Anaesthesiology, L V Prasad Eye Institute Hyderabad, Banjara Hills, Hyderabad.

[2]Department of Ophthalmology, L V Prasad Eye Institute Hyderabad, Banjara Hills, Hyderabad.

Dear Sir / Madam,

A 5-month-old infant, weighing 4 kg was posted for retinal Surgery (PPV, PPL, MP, FAE) under general anesthesia. Baby was born at full term with birth weight of 1.8kg. Baby had microcephaly and flat feet. During pre-anaesthetic evaluation, mother gave history of cough and cold for two days. On chest auscultation, bilateral conducted sounds were heard. Pulse rate was around 130/minute and SpO2 was 99% on room air. Baby was referred to Paediatrician for treatment of lower respiratory tract infection. Oral antibiotics and bronchodilators along with nebulization was continued for 5 days.

Infant was taken up for the surgery under general anaesthesia after 5 days of treatment.

Induction was done using 6-8% Sevoflurane along with 100% oxygen. Intravenous line was established with 26 G IV cannula. Routine monitors, pulse oximeter, ECG and Non-invasive blood pressure were connected. Vitals were within normal limits. Inj. Atracurium 2.5mg IV was administered for neuromuscular paralysis. Bag-mask Ventilation was done for 3 minutes following which intubation was attempted by direct laryngoscopy using Miller blade with RAE endotracheal tube (ETT) of size 3.5. Though vocal cords were clearly visible, the ETT could not be advanced. (figure 1) Again, intubation with smaller size ETT 3 and then 2.5 mm were tried. The tube was found to get kinked at the distal end obstructing the free passage of RAE ETT into the trachea. Ventilation with face mask was continued. Size 1.5 LMA was inserted, but SpO2 decreased to around 88%-90%. LMA was removed and oral airway was inserted and bag-mask ventilation was done. SpO2 was maintained around 98-99%. Gastric desufflation was done by inserting nasogastric tube through nostril. Inj. Hydrocortisone 10mg IV was given. Ventilation was controlled using 1-2% Sevoflurane.

Address for correspondence:
Dr Raja Narsing Rao
L V Prasad Eye Institute,
L V Prasad Marg, Banjara Hills Road No. 2,
Hyderabad 500034,
Telangana.
Email: rajahadigal@gmail.com

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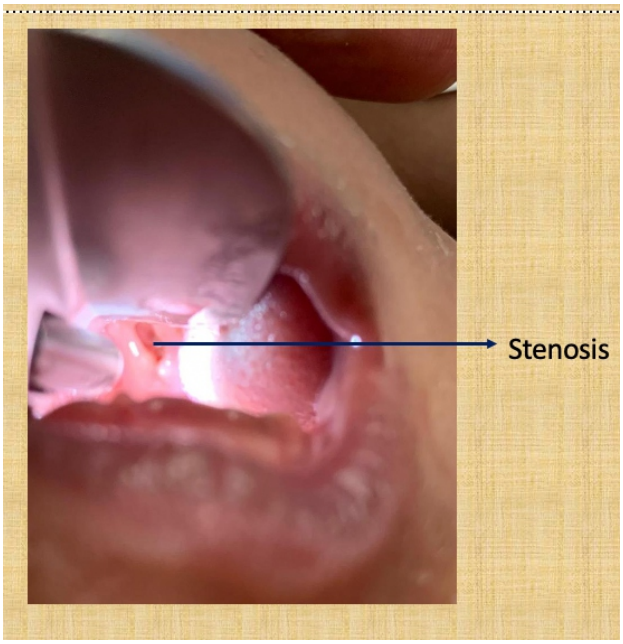
After around thirty minutes, spontaneous respiratory attempts were returned. Neuromuscular blockade was reversed with neostigmine and glycopyrrolate. On achieving adequate tidal volume, infant was shifted to post-operative ward for observation. Vitals were stable and oral fluids was started. The next day, on asking the history again, mother stated that the baby was having cough like sounds since birth. The baby was referred to ENT specialists for further evaluation and treatment.



We reviewed the case again and concluded that persistent cough was actually one of the symptom of subglottic stenosis and it was mistaken as simple cough due to repeated respiratory tract infections.

Other symptoms of sub-glottic stenosis are shortness of birth during exercise and sometimes during at rest, noisy breathing, hoarseness and voice changes. In infants, detailed history pertaining to subglottic stenosis should be asked in the presence of any of these symptoms and child must be evaluated thoroughly to prevent any untoward complications occurring.[1]

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Conflicts of interest

There are no conflicts of interest.

Reference

1.https://www.cincinnatichildrens.org/health/s/subglottic-stenosis