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Images in Anesthesiology: Airway Management in Patients with Tracheal Bronchus

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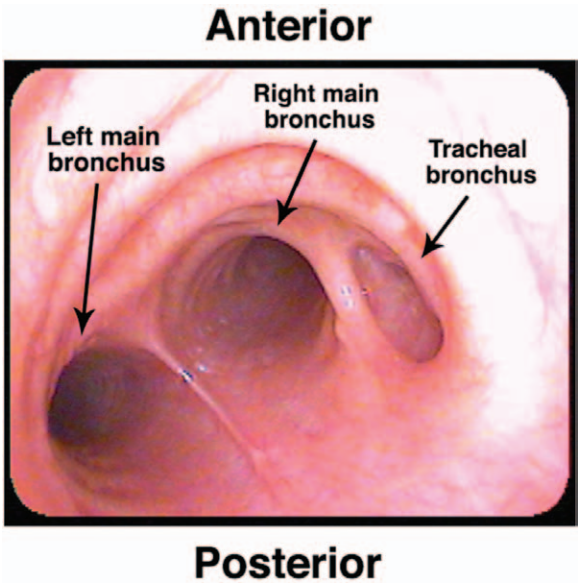

TRACHEAL bronchus (TB) is an aberrant, accessary, or ectopic bronchus arising almost exclusively from the right side of the tracheal wall above the carina, with the incidence of approximately 0.1% to 5% of the population.[1,2] We present an image of a fiberoptic bronchoscopy performed in a patient with known TB for video-assisted thoracoscopic surgery and left lower lobectomy (fig.).

Although the existence of TB has been described as early as 1957, it is not a common differential for intraoperative desaturations.[3] In the image, the TB arises a few millimeters above the carina. It is important to recognize a TB by bronchoscopy because when present, a properly placed tracheal tube cuff can obstruct the right upper lobe (RUL) or the tube itself can migrate into a TB, causing pulmonary atelectasis, hypoxemia, or both.[4,5]

Preoperative diagnosis of this anomaly is especially important when lung isolation is needed. For left lung isolation, a bronchial blocker can be placed into the left main bronchus. A left-sided double-lumen tube (DLT) can also be used, but care must be taken not to obstruct the RUL by the tracheal cuff. For right-sided lung isolation, a right DLT should not be used, as the opening for the RUL will not correspond to the location of the TB. However, a left-sided DLT can be used. If left DLT cannot be placed for any reason, a Fogarty catheter can be placed in the TB and a bronchial blocker placed into the right main bronchus.[6]

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Competing Interests

The authors declare no competing interests.

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