Awake intubation for a patient with huge mass on the neck Case presentation Patient: 76 years old File no.: 9441002006 Admission : 21-10-2017 Data surgery: 24-10-2017 Debulking surgery / RT Lat.Fifty milligrams of lidocaine is slowly applied to the nasal mucosa bilaterally.Mass in neck / Ca Pillary thyroid Echo LVE??=5.9 LVES?=2.9 IVS?=1.3 PWP= 1.3 AoRoot=3.5 LA=3.3 RV=2.3 EF=45% Aorta v= 1.7 Tricuspid v= 38 Mirtal v= 3 Grade 1 diastolic dysfunction Grade 1 TR Grade 1 Mitral regur Mild LVH EF=45% Hypokinesia in IVS Past history oThe patient had hemi thyroidectomy 20 years ago oOne year ago C/O RT sided Lateral neck swelling that caused to him continuous neck pain and diffi culty of breathing.The patient may exhibit sedation, loss of consciousness and seizures After awake intubation starting to do IV induction with : 100 mg kitamen 100 mg pentothal 100 mg tracrium *The patient is ready to go through surgery Our patient after surgery transferred to recovery room with normal vital signs Discussion oOur choice of lidocaine is especially advantageous because this drug is available in a number of preparations (injectable and viscous oral solutions, jelly, ointment, metered dose spray), as well as a variety of concentrations (1%, 2%, 4%, 5% 10%).oU/S showes matted lymph nodes oThe patient admitted and operated for lymph nod excisional biopsy oPathology confirmed papillary thyroid cancer oThe patient was sent to oncology department in Al-Bashir hospital for radio-therapy oThe opinion was to do total excision of the mass oThe patient returned into our hospital to do the excision oAfter one year the patient came with huge right side neck swelling that interfere with his breathing oPatient was seen in different hospital in which they refused to do it from surgical and anesthisological point of view Loading...Total doses of applied local anesthetic should be tabulated, and administration kept well within the therapeutic window * Preparing the patient Studies on the peak serum concentrations after topically applied lidocaine are available, and when preparing the patient for awake intubation it is easy to keep within guidelines that will maintain sub toxic blood levels.WHICH LOCAL ANESTHETICS AND WHICH PRECAUTIONS SHOULD WE TAKE?

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