**Título:** HOW A FINE-NEEDLE THYROID BIOPSY CAN TURN INTO AN ANESTHETIC EMERGENCY OUTSIDE THE OPERATING ROOM

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(TEM FOTO)

Resumo :

Background: Ultrasound guided-fine needle aspiration is widely accepted as the gold standard for the evaluation of thyroid nodules. Regarded as a safe approach, massive hematoma is an extremely rare complication, resulting in severe airway compromise and an anaesthetic challenge (1).

Case Report: A 72-year-old woman, ASA II, with medical history of non-insulin-dependent type 2 diabetes, hypertension and thyroid nodules, was submitted to thyroid fine needle aspiration biopsy. Patient was readmitted 3 hours later complaining of cervical swelling with pain and discomfort when breathing. CT-scan suggested a cervical anterolateral hematoma, with slight tracheal deviation and no apparent compression. She was referred to urgent carotid angiography at interventional radiology room. After discussing with otorhinolaryngology team and according to difficult airway algorithm, it was decided orotraqueal intubation with videolaryngoscope in spontaneous ventilation. The procedure occurred without complications.

Discussion: Anesthesiologists face challenges in practicing in remote areas. New locations, inadequate monitoring devices, and poor assisting staff can compromise the quality of patient care (2). Neck hematoma can be a rapidly progressive illness, leading to a fast and severe airway obstruction and life-threatening emergency. This case highlights a rare surgical complication with compromised airway and when the decision of orotraqueal intubation in a safe environment should be weighted.

Learning points: In order to reduce the likelihood of adverse outcomes, prompt consideration of difficult airway algorithm can be lifesaving in emergency situations (3). Additionally, the discussion with otorhinolaryngology team denotes the multidisciplinary approach to a safe and successful procedure.

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