

## Clinical image

### 'Warrior in the wind pipe': Round worm in airway causing difficult endo-tracheal intubation

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Timely endo-tracheal (ET) intubation is the key in initiating assisted ventilation. At instances, 'difficult to intubate' cases occur to experienced critical care physicians. With the use of video laryngoscopes such difficulties are easily overcome. We present a case of difficult ET intubation that occurred due to the presence of a 'warrior' within the windpipe. A 38 year old man referred with multi organ dysfunction syndrome (MODS) following a short febrile illness. He was in respiratory distress and required assisted ventilation. He was coughing violently with frothy pink expectoration. While attempting ET intubation there was resistance beyond the epiglottis and we decided to reattempt with a smaller size tube. On withdrawal of the ET tube we found a round worm (approximately 18 cm long) hanging out from the ET tube (image -1).

The patient continued to cough and brought out two more of adult round worms. We again tried with a similar sized ET tube with success. In literature there are reports of ET tube blockage due to presence of adult round worms in airway.<sup>1</sup> In the life cycle of *Ascaris lumbricoides*, the lung is an unusual site for the adult worm to be seen. The adult worms may reach the lung either by travelling across gastrointestinal tract and then the diaphragm or by regurgitation from the upper gastrointestinal tract.<sup>2</sup> We presume that in critically ill patients with severe worm infestation, the poor tone of lower esophageal sphincter may facilitate regurgitation and aspiration into the airway. Our patient with MODS had a similar clinical background making it way for the 'Warrior to be in the Windpipe'.

**Keywords:** *Ascaris lumbricoides*, round worm, difficult intubation, ET tube, obstruction.

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**Image-1:** Adult ascaris worm measuring 18 cm in the endotracheal tube on extubation.

#### References:

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