

Surgical hazard during adenoidectomy in children – a case report

Željka Roje¹, Zlatko Kljajić²

¹Ordinacija za ORL "Prof. Željka Roje", 21000 Split, Hrvatska

²Pomorski fakultet Sveučilišta u Splitu, R. Boškovića 37, 21000 Split, Hrvatska

zeljkaroje@gmail.com

Background: Adenoidectomy is one of the world's most frequently performed surgical procedures. Although the operation is relatively simple and with a very low percentage of complications, it can sometimes be accompanied by fatal complications. One such scenario arises when an unrecognized aberrant course of the internal carotid artery is present, particularly if the artery is near or in contact with the oropharynx or nasopharynx. Methods: This report presents the case of a 3-year-old girl scheduled for adenoidectomy and the placement of ear aeration tubes. Following intubation, the oro-nasopharynx was inspected during the procedure, revealing a pulsatile mass suspected to be an aberrant right internal carotid artery (ICA). Results: A contrast-enhanced MSCT of the neck was performed, confirming the presence of an aberrant right carotid artery in direct contact with the posterior wall of the nasopharynx. Conclusions: In conclusion, a thorough visual and palpable examination by an otorhinolaryngologist after the induction of anesthesia, with the child's neck in extension, is crucial for identifying aberrant carotid artery courses. Such careful assessment can help prevent potentially fatal complications.

Key words: internal carotid artery, tonsillectomy and adenoidectomy, surgery, pharynx