



## Anything can Happen in the Surgery

Yusuf Kahya<sup>1</sup>, Çiğdem Yıldırım Güçlü<sup>2</sup>, Bülent Mustafa Yenigün<sup>1</sup>, Hasay Guliyev<sup>3</sup> and Ayten Kayı Cangır<sup>1\*</sup>

<sup>1</sup>Department of Thoracic Surgery, Ankara University School of Medicine, Turkey

<sup>2</sup>Department of Anesthesiology and Reanimation, Ankara University School of Medicine, Turkey

<sup>3</sup>Department of Otorhinolaryngology, Ankara University School of Medicine, Turkey

### Keywords

Temporomandibular joint dislocation; Laryngeal mask airway; Bronchoscopy

### Clinical Image

**Introduction:** Fiberoptic Bronchoscopy (FOB) is a safe procedure with a major complication rate of <1%. In this case, it was aimed to present a rare complication during FOB.

**Case presentation:** A 19-year-old female patient undergoing diagnostic FOB due to endobronchial lesion of the lower lobe of the left lung was placed in a classical Laryngeal Mask (LMA) no:3 after induction of general anesthesia, followed by FOB. When the LMA was removed after FOB, the anesthesiologist determined that the patient's lower jaw was protruding forward and that the mouth was not closed (Figure 1). Clinically, anterior bilateral Temporomandibular Joint Dislocation (TMJD) was diagnosed and manual reduction was performed intraoperatively by the otorhinolaryngology team (Figures 2 and 3).

**Discussion:** It has been reported that TMJD may occur with general anesthesia agents and wide opening of the mouth in patients with weak temporomandibular joint capsule due to hypotony in the chewing muscles [1-3]. In our department, this complication was encountered for the first time in 4484 patients who underwent FOB with LMA between 2000-2017. These cases should be reduced by otorhinolaryngology team under general anesthesia [4,5].

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#### \*Correspondence:

Ayten Kayı Cangır, Department of Thoracic Surgery, Ankara University School of Medicine, İbni Sina Hospital, 06100 Sıhhiye, Ankara, Turkey, Tel: +90-505-5025190, E-mail: Ayten.K.Cangir@medicine.ankara.edu.tr

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Figure 1: Patient's mouth is left open due to TMJD.

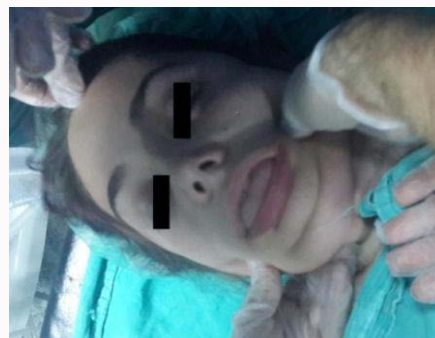


Figure 2: Reduction process.



Figure 3: After reduction.

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