

5JNFMZ 5SBDIFBM 4UFOUJOH GPS *NQFOEJOH S
4UJUDI JO 5JNF 4BWFT /JOF

9LQRG .XPDU \$GLWL 6XUL 1LVKNDUVK *XSWD DQG 6HHPD 0LVKUD

'HSDUWPHQW RI RQFRDQDHVWKHVLD DQG SDOOLDWLYH PHGLFLQH ,5&+ \$,,06 1HZ 'HOKL ,QGLD
&RUUHVSRLDGLWL 6XUL 'HSDUWPHQW RI RQFRDQDHVWKHVLD DQG SDOOLDWLYH PHGLFLQH LQ5&+
DGLWLXUL #JPDLO FRP

5HFHLYHG \$SDUWH \$FFHSLXHG GDWMEOLVKHG \$GDWH

&RSULJKW .XPDU 9 HW DO 7KLV LV DQ RSHQ DFFHV DUWLFOH GLVWULEXWHG XQGHU WKH WHUPV RI
XQUHVWULFGLVWULEXWLRQ DQG UHSURGXFWLRQ LQ DQ\ PHGLXP SURYLGHG WKH RULJLQDO DXWKRU DQ

\$EVWUDFW

&HQWUDO DLUZD\ REVWUXFWLRQ &\$2 LV RPLQRXV VHTXHODH RI PDOLJQDQFLHV
DGMDFHQW WLVVXHV FDXVHV ULVN RI DLUZD\ FRPSURPLVH GXH WR HLWKHU H[W
WUDFKHDO LQILOUWDLWRQ OHDGLQJ WR FRPSOHWH DLUZD\ REVWUXFWLRQ 6WHQW
OLNHO\ WR GHYHORS &\$2 FDQ JUHDWO\ LPSURYH WKH TXDOLW\ RI WKHLU OLYHV

:H GHVFULEH D FKDOOHQJLQJ FDVH HDFK RI DQDSODVWLF WK\URLG FDQFHU DQ
REVWUXFWLRQ PDQDJHG VXFFHVVIXOO\ E\ SDOOLDWLYH WUDFKHDO YWHQWLQJ

A 53-year-old lady, a known case of anaplastic thyroid cancer, was admitted with features suggestive of airway obstruction like gradually progressive shortness of breath and stridor since 3 days. Her dyspnea had been progressing for the past three months and had greatly hampered her activities of daily living. She was unable to ambulate and

bronchus by a clot/thrombus was suspected. Bedside bronchoscopy was tried with minimal improvement of saturation on passage of FOB through LMB. The extrinsic compression was presumed to be due to probable esophageal growth or enlarged regional lymph nodes. Placement of SEMS as a palliative measure was thus planned after a high risk consent. Patient was anaesthetized with inj fentanyl 2 mcg kg⁻¹ in titrated doses and injection cisatracurium 0.15 mg kg⁻¹. Bronchoscopy was performed by an experienced pulmonologist and a Y-shaped SEMS was deployed successfully in second attempt leading to restoration of patency of LMB. The patient's saturation improved immediately. He was shifted to ICU for elective mechanical ventilation and extubated on day POD1 with no residual hypoxic neurological deficit.

Discussion

The importance of early integration of palliative care into clinical practice cannot be stressed enough. Poverty, illiteracy, lack of access to healthcare is common barriers to providing palliative care services. A recent Cochrane review too has established the need of early palliative care services [2]. Patients and even clinicians are often unaware that palliation of distressful symptoms is possible. Gradual progression of