

Malaysian Society of Anaesthesiologists &

College of Anaesthesiologists, AMM

ANNUAL SCIENTIFIC CONGRESS 2023

MyAnaesthesia 2023: LEAD –  
Leadership and Excellence in Anaesthesia Development  
ABSTRACT BOOK

August 4–6, 2023

Borneo Convention Centre Kuching, Sarawak, Malaysia

[www.myja.pub](http://www.myja.pub)

Supplement  
Volume 2 · Issue 2 · 2023

MALAYSIAN  
JOURNAL OF  
ANAESTHESIOLOGY

THE OFFICIAL JOURNAL OF



---

# Table of Contents

<b>1. Messages</b>	<b>2</b>
<i>Message from the Organising Chairperson</i>	2
<i>Message from the Deputy Organising Chairperson</i>	3
<i>Message from the Scientific Chairperson</i>	5
<b>2. Malaysian Society of Anaesthesiologists - Executive Committee 2022-2023</b>	<b>6</b>
<b>3. College of Anaesthesiologists, AMM - Council 2022-2023</b>	<b>7</b>
<b>4. Organising Committee</b>	<b>8</b>
<b>5. Scientific Committee</b>	<b>9</b>
<b>6. Original Article Abstracts</b>	<b>10</b>
<b>7. Oral Abstracts</b>	<b>62</b>
<b>8. Case Report Abstracts</b>	<b>76</b>

**ID: 42****POST COVID-19 TRACHEITIS CONTRIBUTING TO TRACHEAL WALL TEAR: THE MISSED AND UNDERDIAGNOSED****NA Bahruddin<sup>1</sup>, SA Abdul Rahim<sup>1</sup>, R Abdul Rahman<sup>1</sup>, YL Oh<sup>1</sup>, MB Mat Nor<sup>1</sup>**<sup>1</sup>Department of Anaesthesiology and Intensive Care, Kulliyah of Medicine, International Islamic University of Malaysia, Kuantan, Malaysia**Introduction**

Iatrogenic tracheal wall tear is a rare but devastating complication post-tracheostomy which contributes to significant morbidity and mortality. This case report aims to help clinicians to recognize patients who are at risk and enforce the appropriate prevention steps to reduce this complication.

**Case Description**

A 38-year-old ASA 1 lady with recurrent COVID-19 infection presented with progressive respiratory muscle weakness following Guillain-Barre syndrome. She was electively intubated with no difficulties in the ICU. Surgical tracheostomy was performed on day 25 of ventilation after resolution of hospital-acquired pneumonia and catheter-associated urinary tract infection. Endoscopic guidance was used to insert the tracheostomy tube after multiple failed insertion attempts due to false tracts. Post-operatively, she developed massive subcutaneous emphysema. CT neck and thorax revealed a left posterolateral trachea wall defect associated with left pneumothorax, extensive pneumomediastinum, pneumoperitoneum, and extensive subcutaneous emphysema which required multiple chest tubes. Examination under anaesthesia confirmed a trachealis muscle tear with unhealthy and malacic posterior tracheal mucosa. After re-intubation, the tracheostomy tube was removed and packed, and the tip of endotracheal tube positioned beyond the defect. Intraoperative tracheal wall tissue cultures grew *Pseudomonas aeruginosa*, confirming the diagnosis of infectious tracheitis. Reinsertion of tracheostomy tube was performed after the infection had resolved and tracheal wall tear had healed.

### Learning Points

The risk factors of iatrogenic tracheal wall tear here are multiple attempts at tracheostomy insertion, female gender and infectious tracheitis. Unfortunately, infectious tracheitis is always underdiagnosed because of concomitant pneumonia or hospital acquired infection, the non-specific clinical signs, and the need of endoscopic examination for diagnosis confirmation.

### Conclusion

High index of clinical suspicion and risk reduction strategies must be advocated to minimize complications in patients with the above risk factors.