Comparison of Two Different Cases of Acute Upper Airway Obstruction with Variable Symptoms in Terminally Ill Cancer Patients.

Dr. Pankaj Rajmane, Dr. Manjiri Dighe, Dr. Nivedita Page and Dr. Vivek S Nirabhawane
Clinical Department, Cipla Palliative Care and Training Centre

Objectives
- Describe multidisciplinary approach in management of two cases of acute upper airway obstruction in last few hours
- To highlight dilemmas faced in management

Introduction
- Obstruction of the upper airway may occur acutely and result in respiratory distress and death in minutes
- Most distressing symptom at the End of life care, not only to patient but also to the caregivers
- Dyspnea occurs in 21-76.6% of advanced cancer patients & is reported to be from moderate to severe in 10-63% of the patients
- The frequency & severity of dyspnea increases with the progression of disease & when death is approaching
- Similar to pain, dyspnea also has physical, emotional & Psychological components
- Management includes multidisciplinary approach and it involves ethical dilemma

Case 1
- 55 y /F
- Farmer
- Diagnosis-Ca Left Alveolus post curative treatment
- C/O- moderate dyspnea & Severe submandibular pain
- Need of tracheostomy explained
- She developed stridor, rapid loss of consciousness
- Goal of care- Advanced care planning
- Disease prognosis was already explained to patient & relatives from the beginning
- Ongoing support for caregivers by social worker to understand goals of care
- Patient died without any restlessness with her family at bedside

Case 2
- 60 y/M
- Driver
- Diagnosis- Ca Right Alveolus post curative treatment
- C/O- Mild dyspnea & Severe headache
- Need of tracheostomy & further prognosis explained to patient & relatives
- Patient refusal
- On last day started complaining of severe cough, dyspnoea, stridor and restlessness
- Goal of care- Emergency symptom management
- Doctrine of double effect explained to relatives
- To relieve distress Inj. Midazolam given with dose titration to comfort
- Patient died after few hours with family at his bedside

Conclusion
- Palliation of breathlessness at EoL involves several dilemmas.
- Multidisciplinary approach and good communication play important role in management.

References