THE VALIDITY OF THE PERCENTAGE OF GLOTTIC OPENING SCORE AND CORMACH-LEHANE SCALE IN DIRECT AND INDIRECT LARYNGOSCOPY

BILJANA SHIRGOSKA¹; JANE NETKOVSKI²

¹Department of Anesthesiology, ENT University Clinic, Medical faculty, Skopje, Macedonia
²Department of ENT, ENT University Clinic, Medical faculty, Skopje, Macedonia

Abstract

We made a study and shared our own experience about validity of the percentage of glottis opening (POGO) score and Cormach-Lehane scale (CL) for airway visualization in direct and indirect laryngoscopy. Our results showed that the glottis view was improved in 27 (90% of 30) patients (95% confidence). In 9 (30%) patients, the view was improved by CL grade 1, that provide easy intubation. In 18 (60%) the glottis view was improved by grade 2, that provide easy intubation. In 1 (3%) patient the view was improved by grade 2b subclasses (that provide restricted intubation), compared to the Macintosh blade (p < 0.0001). In 2 patients (7%) glottis view was presented by CL grade 3, that provide restricted intubation; we have to use Macintosh laryngoscopy. C-MAC video laryngoscopy failed to improve the glottis view. In 27 (90%) patients, the view was improve by POGO 1 score using the C-MAC, size 4, (that means easy tracheal intubation without maneuver), compared to POGO 2, with the Macintosh blade size 4, (that means tracheal intubation with maneuvers) (p < 0.0001). We concluded that POGO score improved better glottis view than CL grade.

Key words: the percentage of glottis opening (POGO) score, Cormach-Lehane (CL) grade, subclasses, direct laryngoscopy, indirect laryngoscopy.
References


8. http://e-safe-anaesthesia.org/sessions/03_01/d/ANAE_Session/427/tab_493.html#


