

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

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## 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 21-78.6% of advanced cancer patients & is reported to be from moderate to severe in 10-63% of the patients<sup>1</sup>
- The frequency & severity of dyspnoea increases with the progression of disease & when death is approaching<sup>1</sup>
- Similar to pain, dyspnoea also has physical, emotional & Psychological components<sup>2</sup>
- 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 dyspnoea & 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 dyspnoea & 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<sup>3</sup> explained to relatives
- To relieve distress Inj. Midazolam given with dose titration to comfort
- Patient died after few hours with family at his bedside

Palliation of Dyspnoea

Emergency Tracheostomy

Vs

Physical

Vs

Balancing with compromising consciousness

Comfort Care

Psychological Support

Palliation of dyspnoea with possibility of compromised consciousness

Understanding prognosis

Re-defining Goals of Care

Supporting Caregivers/ Family

Ethical

Autonomy

Vs

Caregivers expectations

Vs

Beneficence

## Conclusion

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

## References

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