A 48-year-old woman without a past medical history was admitted to the intensive care unit due to respiratory failure in the context of a community-acquired bilateral pneumonia. Orotracheal intubation (OTI) was successfully performed at the first attempt through direct laryngoscopy without a tube guide or other tube instruments using a PVC #8 tube. She developed progressive aerial effusion despite over-insufflation of the cuff (Fig. 1). The urgent bronchoscopy and CAT scan performed (Fig. 2) confirmed the presence of a 4 cm-laceration of the posterior tracheal wall 1 cm above the carina. She required surgical repair, veno-venous ECMO support, and weaning from prolonged mechanical ventilation. She was eventually diagnosed with Steinert myotonic dystrophy and was discharged from the hospital with ventilatory support (Fig. 3).
Post-intubation tracheal laceration. Over-insufflation of the cuff as risk factor

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