Airway in crisis, fetus at risk: Obstetric navigation through TB laryngitis and supraglottitis

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ABSTRACT

Introduction: Tuberculosis (TB) in pregnancy presents unique challenges, particularly when compounded by rare extrapulmonary manifestations such as TB laryngitis. Severe maternal malnutrition further complicates disease progression and fetal outcomes. Prompt recognition and multidisciplinary coordination are essential to optimise both maternal and fetal health. **Case Description:** A 29-year-old gravida 2 para 1 woman at 24+2 weeks gestation presented with persistent sore throat, hoarseness, and odynophagia, along with a 10 kg weight loss and a BMI of 13 kg/m². Initial laryngoscopy revealed erythematous laryngeal mucosa with ulceration. Chest X-ray and sputum AFB confirmed TB laryngitis. Despite treatment initiation, her condition worsened at 30+6 weeks with the development of acute supraglottitis, necessitating ICU admission and airway monitoring. Fetal ultrasound showed growth restriction (EFW 0.2nd centile), oligohydramnios, and high-resistance Doppler flow. At 35 weeks, an elective caesarean section was performed after confirming airway patency. A live infant (birth weight 1,675 g) was delivered. Placental histopathology showed maternal vascular malperfusion. **Discussion:** This case underscores the complexities of managing rare TB manifestations in pregnancy. TB laryngitis with supraglottitis posed a significant airway risk, while severe malnutrition contributed to poor fetal growth. Early involvement of a multidisciplinary team (O&G, ENT, anaesthesia, respiratory, paediatrics) facilitated appropriate timing of delivery and maternal stabilisation. Nutritional rehabilitation and ongoing TB therapy remain key to postnatal recovery. This case highlights the importance of clinical vigilance and coordinated care in managing high-risk obstetric patients with systemic infections.