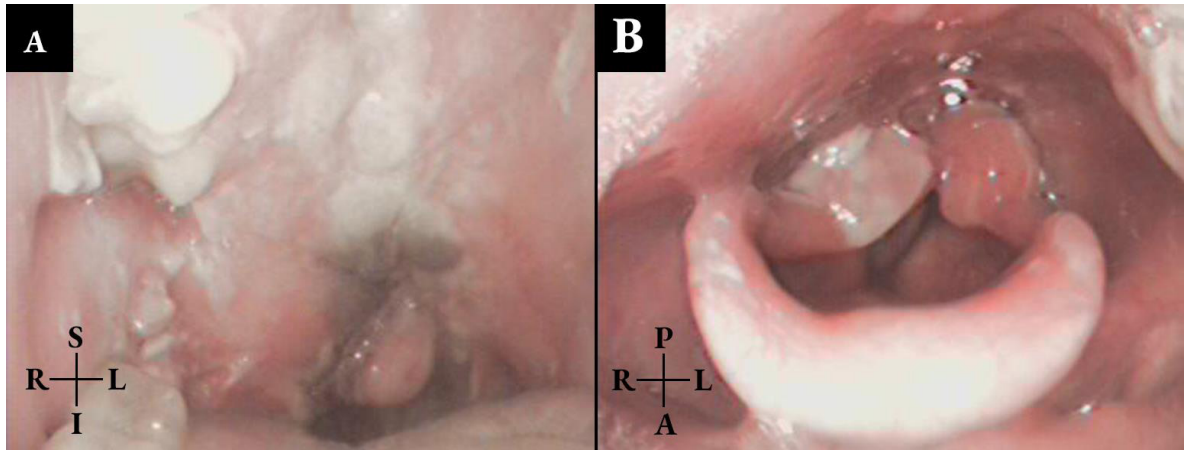


Figure 1: Endoscopic photos of the oral cavity and oropharynx (A) and larynx (B). Mucosal pallor indicating superficial necrosis affecting the palate, uvula and right arytenoid was observed on day 2 post-injury.



R = right; L = left; S = superior; I = inferior; P = posterior; A = anterior.

Table 1: Summary of cases reported in the literature of nitrous oxide-related airway burns.

Report	Source of N ₂ O	Recreational use	Additional substance use	Location of burn	Method of inhalation	Airway management
Rowson et al. 2023	Whipped cream canister	Yes	Amphetamines	Oropharynx	Direct	IV dexamethasone, IV antibiotics
Bagerman et al. 2020	Not stated	Yes	None	Arytenoids, vocal cords, arm	Indirect via balloon	Intubation (not stated if AFOI), IV dexamethasone
Chan et al. 2018	Automotive canister	Yes	LSD	Oral cavity, nasopharynx, oropharynx, supraglottis, mid-face, hand	Direct	AFOI, IV dexamethasone

Table 1 (continued): Summary of cases reported in the literature of nitrous oxide-related airway burns.

Report	Source of N ₂ O	Recreational use	Additional substance use	Location of burn	Method of inhalation	Airway management
Svartling et al. 1996	Anaesthetic cylinder	No	None	Pharynx, supraglottis, lower face	Direct	AFOI, tracheostomy, IV methylprednisolone, IV antibiotics
Rowbottom 1988	Anaesthetic cylinder	Yes	None	Lips, oral cavity, tongue, palate	Direct	Unknown

N₂O = nitrous oxide; IV = intravenous; AFOI = awake fiberoptic intubation; LSD = lysergic acid diethylamide.