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Keywords:Long multisegmental tracheal stenosis; Combination of endoscopic and surgical technique

Abbreviations: PostTS: Posttracheostomy Tracheal Stenosis; PostINT: Postintubation Tracheal Stenosis; T-E st: Tracheo-

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Page 3 of 4

where its radical segmental resection is not feasible or performablead combined (posttracheostomy and postintubation stenosis) and 4 ese are the three situations wherein the T-tube can be inserted, as: patients had benign tracheo-esophageal stulae. All of these patients already underwent successful segmental tracheal resection with end to

- a) a temporary stent before segmental resection
- b) a temporary stent a er segmental resection
- c) a single intervention-generally in all patients with long and multiis shown in Table 1.

To complete this section, it has to be mentioned that, in general, of stenotic granulated tissue surgically, or by laser evaporation).

condition of the su ering individual.

Results

of silicone material was observed. e Silicone T-tube causes minimatracheo-esophageal stulae and 17 cases with non-resectable malignan complications. Obstructions of the T-tube by dense sputum, which umors, which caused tracheal stenosis. In the vast of majority of these required the T-tube removal and its replacing by a double-coated tracheotomy tube, were the most common complication. e location, where most complications occurred was the upper part of the T-tube, in the place from where it was inserted to subglottic area. Here, irritations and granulations could be sporadically observed. It is really dif cult to estimate the correct length of the upper end of the T-tube's vertical branch. For this reason, it was necessary to perform endoscopic checks with the adjustment of the tube's upper end (due to the close position of vocal cords, and due to a necessity of granulations' overbridging). A er inserting the T-tube's upper vertical part through vocal cords and

In accordance with our standard indications criteria (Table 1), the following results were recorded:

its long-term positioning in this area, no signi cant changes of vocal cords were observed. A er the removal of the tube, the patient's voice spontaneously appeared, even though it was not always clear.

a) In 13 patients, the T-tube was used as a bridge to de nitive reconstructive surgery. As it is illustrated by our case report, these are those patients with active coexisting medical conditions or severe deconditioning following their extended ICU stay and/or in acute injured trachea by previous interventions (tracheotomy, intubation etc.). From among these cases, 5 patients had posttracheostomy stenosis, 4 patients

b) In three cases, the stenting by T-tube was performed a er the segment stenoses, and also in those with severe comorbidity, where the radical segmental resection is not feasible. Standard indication criteria were three young patients (2 males, 1 female) a er car accidents. eir T-tubes were successfully removed a er 6, 10, and 15 months,

end anastomosis and their T-tubes were de nitely removed.

tracheal stenosis can be managed in three di erent ways, incl. c) In this last group of patients (n=51), the insertion of T-tube was segmental tracheal resection, endoscopic stenting, recanalization parformed as a single procedure. Generally, in all of these patients their direct techniques (stenotic segment dilatation with discision/exci not feasible for surgical repair due to the length and multisegmental As was already stated in the Introduction, the management. e results were analyzed and already presented in detail of tracheal stenotic lesion always requires an individual approach considering not only the local (tracheal wall) but also the general sults is presented. In 32 patients, the T-tube was inserted for benign conditions; posttracheostomy and postintubation tracheal stenosis in 29 cases, and functional stenoses in 3 cases. In the rest of the cas (n=19), the T-tube was inserted as a palliative measure in malignant In all kinds of trachea reconstruction, a relatively good toleration tracheal stenoses. is group includes 2 patients with malignant

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