



Multidisciplinary Management of Intractable Recurrent Tracheal Stenosis after the Failure of Primary Repair: A Rare Case Report

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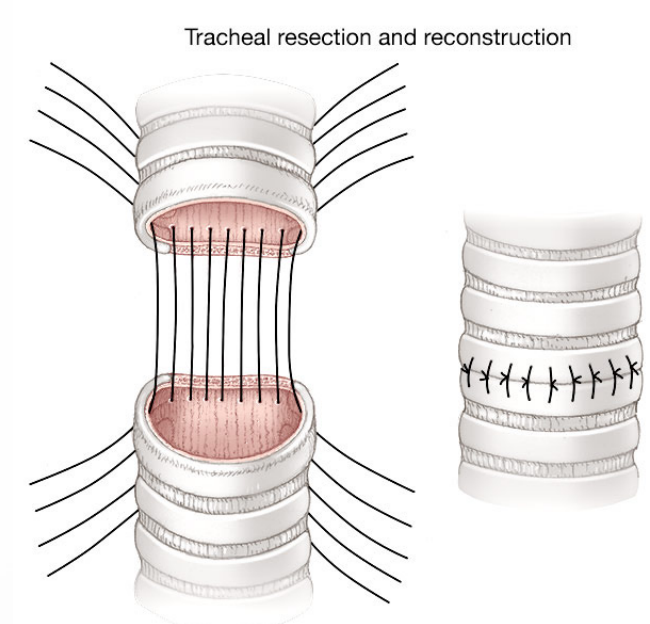
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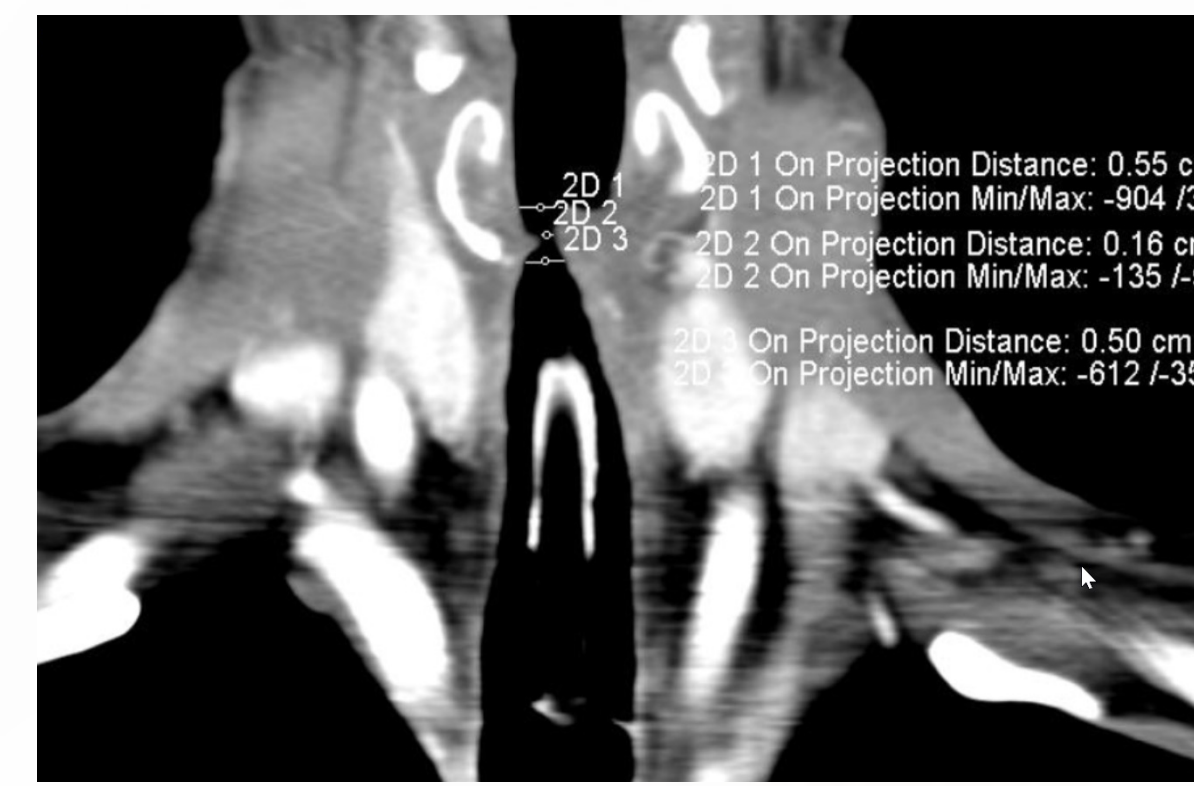
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Introduction



- Failure of anastomosis after primary tracheal reconstruction for benign disease is uncommon.
- Treatment of tracheal restenosis involves careful consideration of modifiable surgical factors leading to failure.

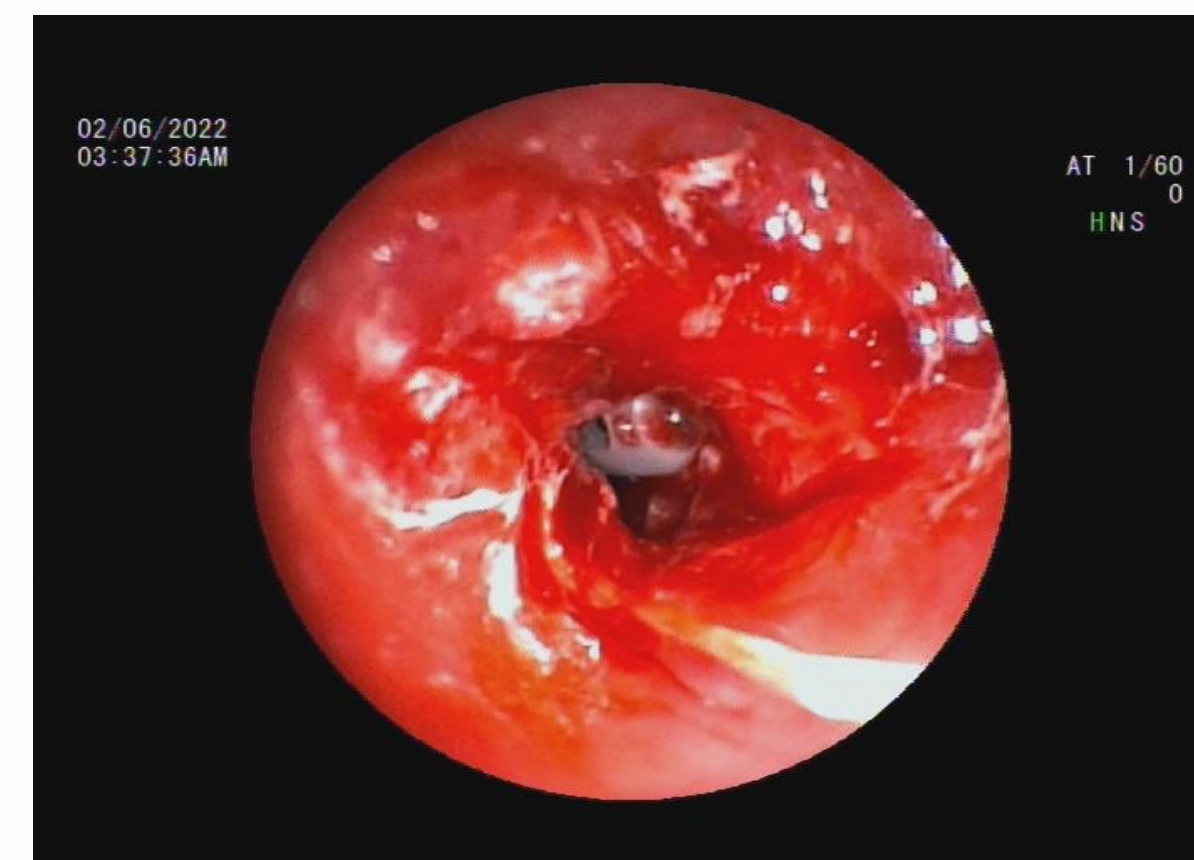
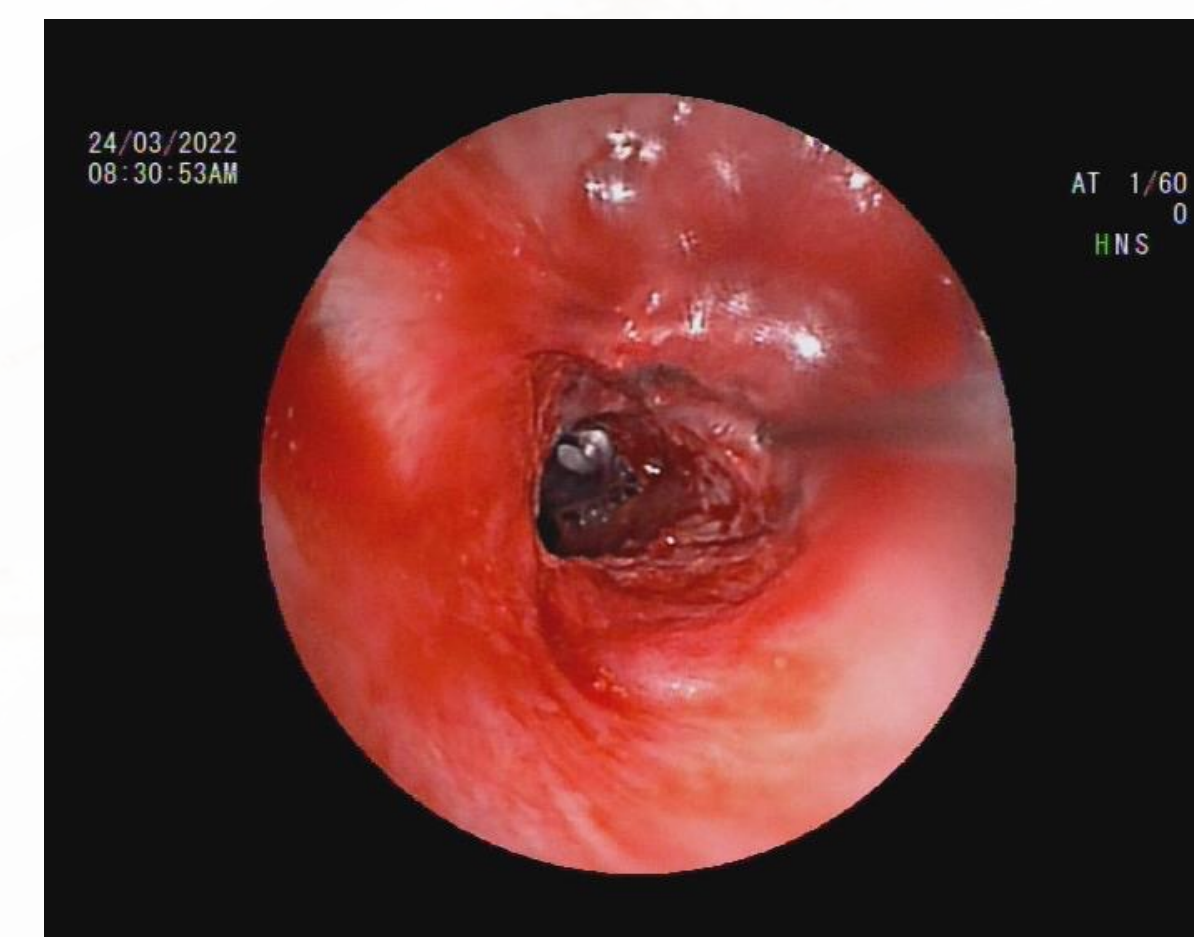
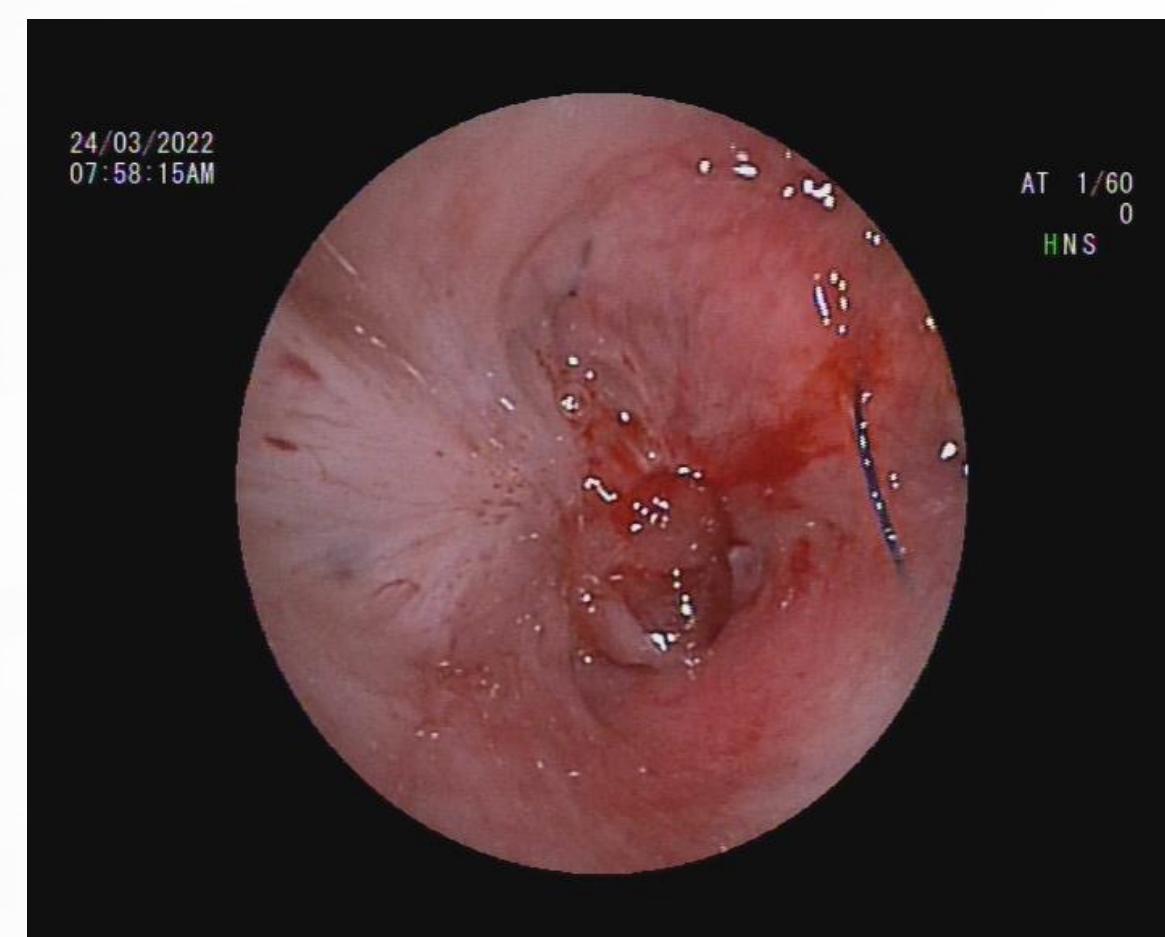
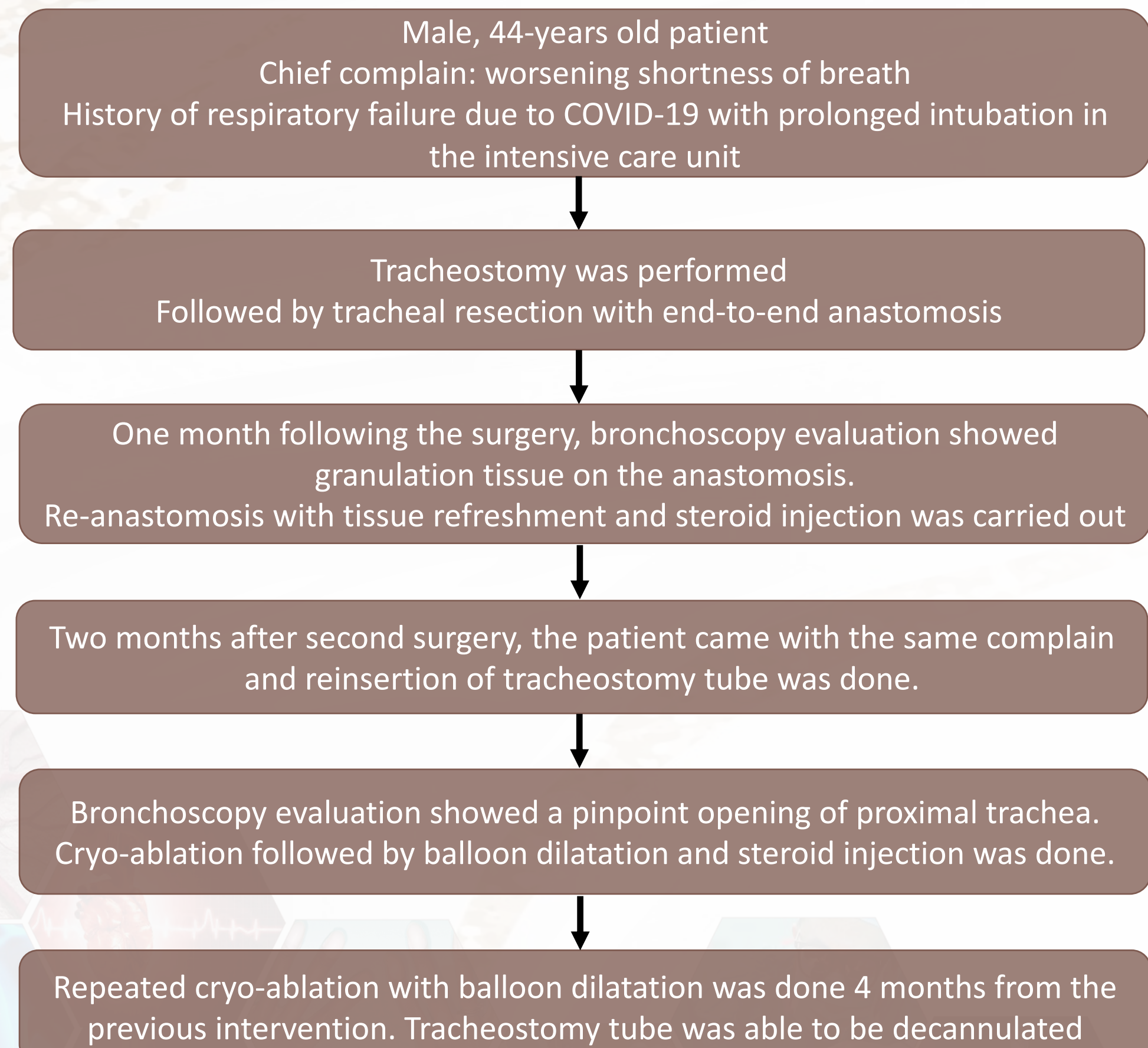


Picture 1. Cervical CT scan of the patient (two month after the second surgery) showed a small opening of the trachea

Discussion

- Tracheal stenosis is a debilitating disorder with heterogeneity in terms of disease characteristics and management.
- There is no definitive consensus on the management of tracheal stenosis because the efficacy of surgical treatment in comparison with endoluminal treatment modalities mostly depends on the experience of the different referral centers.
- Fernando et al. showed the feasibility of spray cryotherapy and balloon dilation for non-malignant strictures of the airway, including benign tracheal stenosis
- Dalar et al. also used cryotherapy safely for the treatment of granulation tissue in a limited number of patients with complex stenosis

Case Presentation



Picture 2. (A) Bronchoscopy evaluation showed a pinpoint opening of proximal trachea (approximately 1,5 cm below the vocal cord). (B) Tracheal opening was more than 50% of the lumen with stenosis length of 2,5 cm after cryo-ablation. (C and D) Cryo-ablation with balloon dilatation was done 4 months from the previous intervention

Conclusion

Multidisciplinary approach is essential to manage intractable recurrent tracheal stenosis. Due to high surgical morbidity and risk for re-operation, bronchoscopic cryotherapy with balloon dilatation should be considered as a safe alternative for intractable recurrent tracheal stenosis.

References

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