Laryngo tracheal Trauma and Stenosis - Management options.

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Abstract:
Trauma and Stenosis of the upper airway is a challenging pathology to treat. It could be life threatening at times and present as an acute airway obstruction, or also necessitate a major surgical intervention and prolonged care. More often than not, it is secondary to a complication of endotracheal intubation, or a tracheotomy. Intubation trauma to the glottis and subglottis is well recognised, as is its effects of long term ventilation on an ET tube. Pathological changes observed are mucosal ischaemia, infection and granulation tissue formation. Excessive, prolonged cuff pressure and trauma due to the tips of ET or tracheotomy tubes, ICU care, and underlying medical conditions have all been implicated as factors leading to subsequent development of stenosis. Surgical methods have been the mainstay in the management of stenotic lesions in the larynx and upper trachea. Options include, Laryngotracheoplasty, resection-anastomosis and T-tube stenting. Recently, newer Tracheal Balloon dilatators followed by stenting have been used with some success. Now, with the advent of laser delivery through a flexible bronchoscope, laser ablation with intraluminal stenting using Dumon stents is a good addition to the armamentarium in treating such lesions. Management options best suited for stenotic lesions are discussed, taking into consideration site, extent, quality and degree of stenosis.

Key Words: Larynx – Trauma – Stenosis

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