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Multimodality endoscopic approach of benign tracheal stenosis BTS

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Interventional pulmonology (IP) provides comprehensive care to patients with structural airway disorders. Tracheal stenosis is a potentially life-threatening condition. With the development of interventional pulmonology field in the last 20 years, definitive management of tracheal stenosis using minimally invasive endoscopic methods became a possibility. Benign airway stenoses are frequently seen by the interventional pulmonologist. Endoscopic treatment had been shown to be useful, especially in patients who are deemed high risk and too unwell for reconstructive surgery. Many endoscopic therapeutic interventions can be offered: balloon dilatation, rigid bronchoscopy dilatation, laser or electrocautery resection and placement of airway stents. We have retrospectively analyzed a series of 27 patients who were referred to our department between 2013-2016 for evaluation and management of symptomatic BTS. The most common condition was postintubation stenosis that develops after prolonged endotracheal intubation. Symptoms varied according to the severity of the stenosis, being the most frequent different degrees of dyspnea, cough and retained secretions. The endoscopic modalities used were: balloon and rigid bronchoscopy dilatation and radial incisions with electrocautery knife. A stent was placed in two patients. Complications were minor and mostly included restenosis. Over a median follow-up of 30 months, the overall success rate was 85.7%, only three patients being referred to surgery. Tracheobronchial stenoses can be difficult to treat, and patients benefit from a multidisciplinary approach; every case should be discussed within a team of dedicated physicians, including a pulmonary interventionist, an otorhinolaryngologist, and a surgeon, in order to offer the best available solution.

Biography

Marioara Simon has FCCP, MD, PhD degrees in Pulmonology, Bronchologist and Allergologist. She is the Head of Bronchology and Interventional Pulmonology Department, University Hospital Cluj-Napoca, Romania. She is the President of the Romanian Bronchology Section of the Romanian Pulmonology Society and on Board of WABIP as regent, on Board of EABIP as delegate from Romania. She has a strong interest in the diagnosis and endoscopic therapy of lung cancer. She has participated in EABIP, ERS and WABIP Congresses with presentations and posters and has organized and participated in many bronchological workshops. She has published books (Chronic Interstitial Fibrotic Pneumopathies, Bronchoscopist's Guide) and more than 130 scientific articles and oral presentations, the majority in the diagnostic bronchoscopy and interventional pulmonology field.

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