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Title: Tracheal resection for post-intubation tracheal stenosis

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Body: Tracheal resection and reconstruction is required in some conditions, such as tumors, post-traumatic lesions. Post-intubation tracheal stenosis (PS) remain the most common indications for tracheal resection. The best treatment of PS is surgical resection. We aim to evaluate our experience on patients with PS. Between 2008-2011 seven patients underwent primary tracheal resection and reconstruction for PS. Six of the patient were male and one of the patient was female, with main age of twenty eight (range 21-75 years). Before the surgery, dilatation with rigid bronchoscopy was perform for two patients and a stent was inserted in one patient. A 1.5-4 cm tracheal segment resection and end-to-end anastomosis was applied. Tracheal resection and end-to-end anastomosis caused good tracheal healing postoperatively. We had one tracheal air leak, one tracheal stenosis and one wound infection. Postoperative mortality was not observed. Patients who underwent tracheal resection and end-to-end anastomosis had a better airway on examination and were symptomatically improved in all cases (7/7). The treatment of PS is well established and leads to high level of succes with minimally complication. Good results are obtained both with tracheal resection and end-to-end anastomosis, but restenosis remains a problem. Detailed preoperative assesment and preparation associated with good surgical results. Good outcomes are achieved with both LTR and CTR. An individual approach is required for treatment of paediatric airway stenosis to achieve good final outcomes. The overall success rate has increased only marginally in our institution over the last 20 years.