

# European Respiratory Society Annual Congress 2012

**Abstract Number:** 5112

**Publication Number:** P2944

**Abstract Group:** 8.1. Thoracic Surgery

**Keyword 1:** Bronchoscopy **Keyword 2:** Surgery **Keyword 3:** Lung cancer / Oncology

**Title:** Endobronchial interventions used in the management of large airway malignancies and their associated complications: An audit

Ms. Clara 19247 Pugmire m0700169@sgul.ac.uk and Prof. Dr Brendan 19248 Madden  
brendan.madden@stgeorges.nhs.uk MD . <sup>1</sup> Cardiothoracic Surgery, St. George's Hospital Medical School,  
London, United Kingdom, sw17 0qw .

**Body:** Introduction: Endobronchial intervention is an expanding specialty involving a Multi- Disciplinary Team, which diagnoses and treats a diverse group of patients with large airway pathology. It is usually well tolerated and rarely contraindicated even for patients with advanced malignant disease. Aims: To identify the different endobronchial interventions used in the treatment of airway malignancies at St. George's Hospital, and document associated complications. Methods: Data relating to endobronchial stenting, laser ablation and forceps debulking, and any short-term complications, were collected from the St. George's Hospital patient database for 49 consecutive patients with airway malignancy. Results: 36 (73%) patients had stent deployment, 7 (14%) had laser ablation and 3 (6%) had tumours debulked using forceps. Complications occurred in 9 (18.4%) patients and were granulation tissue formation (3), mucus retention (3), stent migration (2) and bleeding (1). All complications were effectively treated. Conclusions: Stenting is the endobronchial intervention of choice for the treatment of large airway malignancies at St. George's Hospital. Although it has the greatest associated complications, they are usually effectively treated. Furthermore, it is safe, well tolerated and achieves good symptomatic relief.