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Title: Treatment of benign airway stenosis: One center experience

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Body: Introduction: Although surgical treatment remains the standard initial treatment for benign tracheal stenosis (TS), the emergence of certain situation, such as contraindications for surgery or recurrence of TS, prompts for further therapeutic solutions. Objective: To assess the effectiveness and long-term outcome of patients (pts) that underwent combined treatment modalities for the palliation of benign TS. Methods: Were included 73 pts, in this retrospective longitudinal study, between 1/1/96 and 30/6/11, in the Pulmonology Department of Instituto Português de Oncologia de Lisboa de Francisco Gentil. The most frequent etiologies were post-intubation TS(74%) and idiopathic TS(14%). Membrane type of stenosis was the most frequent(51%), followed by complex type(23%) and bottle neck type(18%). Sub-glottic stenosis was the most frequent location(57%). Results: Primary bronchoscopic treatment was the initial approach in 44%, followed by surgical in 37%. Different kinds of bronchoscopic procedures were used: bronchoscopic mechanical dilatation(62%), balloon dilatation(47%), photocoagulation with Nd-Yag laser(25%), electrocautery(37%) and tracheal stenting(44%). 55% of the 32 pts scheduled for initial bronchoscopic treatment were subsequently treated surgically due to stenotic recurrence. 37% of pts treated initially by surgery, were subsequently treated bronchoscopically due to anastomotic reestenosis or obstructive granulation tissue. After treatment, according Grillo's response criteria, 69% of the pts had good results, 15% had satisfactory results and 15% had therapeutic failure. Conclusions: Interventional bronchoscopy plays definitive role in the treatment of TS, either as the primary choice or in the resolution of post-surgical complications.