

MINIINVASIVE TREATMENT OF TRACHEAL CICATRICAL STENOSES

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Background. Cicatricial stenosis of the trachea is one of the most serious complications in thoracic surgery. The use of minimally invasive endoscopic interventions in this severe pathology has not been sufficiently studied.

The purpose of the study is to analyze the results of surgical treatment of cicatricial stenoses of the trachea, taking into account the use of minimally invasive endoscopic methods.

Materials and methods. The study included 105 patients with tracheal cicatricial stenoses (TCS), who were treated at the Zaytsev Institute of General and Emergency Surgery of the National Academy of Sciences of Ukraine. The study was conducted in the period 2018-2024. The patients are divided into two groups: Group I - 75 patients, initially they were candidates for endoscopic treatment of TCS, and the possibility of surgical treatment was considered only in case of failure, the treatment was carried out until 2018, and Group II - 30 patients in whom contraindications to circular resection of the trachea were found or such an operation was considered impractical, endoscopic treatment was carried out since 2018.

Results. Modern endoscopic treatment of cicatricial stenosis of the trachea <1.0 cm in length using precision electrodissection allows recanalization of the stenosis without complications. When the length of cicatricial stenosis of the trachea is more than 50% of the length of the trachea, the method of choice remains long-term dilatation with a T-shaped Montgomery stent.

Conclusions. Minimally invasive endoscopic interventions should be considered as the method of choice to achieve tracheal lumen sufficient for breathing in patients who have contraindications to radical surgery.