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PRINCIPLES OF SURGICAL TREATMENT OF TRACHEAL STENOSIS

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ABSTRACT

To correctly carry out modern surgical treatment measures of advanced scar stenosis after endotracheal intubation and to give conclusions on the method carried out in them, to prevent various complications arising after the operation method, the specifics of the method to provide information about the advantages and disadvantages, as well as modern laryngotracheal stents that are used today.

KEYWORDS

Trachea, scar stenosis of the trachea, circular resection of the trachea, tracheo-laryngeal anastomosis

INTRODUCTION

In the last 10 years, the number of patients with tracheal complications after intubation has increased significantly. As a result of chronic inflammation, manifested by the loss of the architecture of the normal structures of the tracheal wall with fibrous tissue, the function and narrowing of the airways is observed. Expanding the volume of surgical interventions in patients with pathologies of the heart, brain, and abdominal organs increases the number of

intubations, and then the occurrence of postintubation stenosis increases [2, 3, 4, 5, 9].

Most patients with stenosis are admitted to surgical hospitals of thoracic clinics in critical condition due to respiratory failure, they require urgent care. Often this is an emergency endoscopic tracheal recanalization procedure to restore adequate lung ventilation [2, 3, 4, 6].

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One of the promising methods of endoscopic correction of tracheostenosis is to replace the endoprosthesis with stents of different designs and configurations, which are installed in the tracheal cavity after tracheal patency is restored when complications of tracheomalacia and chondroperichondritis develop [1, 2, 3, 4, 6, 7, 8].

Latex or silicone tubes are used as endoprostheses, they are inserted into the cavity of the trachea and form a model of the cavity [1, 2, 3, 4, 6, 7, 8, 10].

Purpose of work. To improve the results of therapeutic measures after resuscitation, to determine the advantage of cryosurgery methods in the process of mechanical ventilation and restoration of the tracheal cavity during dispensary observation of patients with stenosis of the trachea after tracheostomy due to early detection.

Material and inspection methods. Examinations were carried out in the patients of the Thoracoabdominal and Reanimation-Anaesthesiology departments of the Tashkent Medical Academy in the method of surgery and observation. From March 2016 to March 2017, there were 102 patients, their age, gender, comorbidities, operation method, what kind of stents were used during the operation, and most importantly, the general condition of the patients after the operation. it was studied to what extent it changed in

a positive direction, as well as to what extent it returned to full working capacity.

Results. 17 out of 102 studied patients underwent urgent endotracheal intubation (16.7% (17/102). 82.3% (14/17) developed scar stenosis in 14 of them. Of the patients with scar stenosis, 42.8% (6/14) were female, and the remaining 57.2% (8/14) were male, with a ratio of 1.5:2. The average age of women is 50-55 years, and the average age of men is 50-60 years. A new operating method is to remove the stenotic segment and place air between the I and II half rings of the trachea and the bifurcation of the trachea. yish practice is done.

The operation was planned in 85.7% (12/14) patients. The remaining 2 patients recovered under the influence of conservative treatment and underwent rehabilitation measures and were transferred to the Thoracoabdominal Department 14.3% (2/14). Of these, 8.3% (1/12) of patients had acute cerebral circulatory failure (2015). In 2 patients, it was found that type II diabetes is a period of compensation 16.7% (2/12). Of these, 2 diabetic patients were placed with a stent to maintain mucociliary clearance - 16.7% (2/12). Medicated endotracheal stenting was performed on 5 patients 41.7% (5/12).

41.7% (5/12) of the remaining patients were treated with Montgomery-II endotracheal stents with granulation and migration properties.

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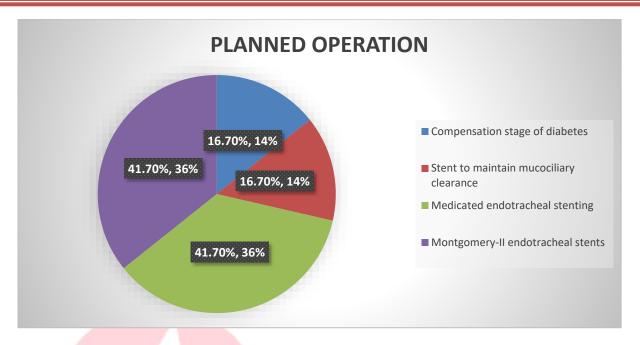








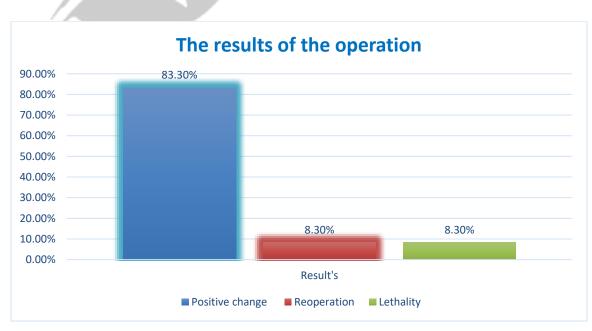
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It was found that the rest of the patients did not have any other severe somatic or genetic disease. The operation was successful in all patients and they were admitted to the intensive care unit. All patients underwent full rehabilitation after the operation. During the follow-up, 83.3% (10/12) of the patients who

were operated on had a positive change in their ability to do full work. A patient with diabetes was an indication for reoperation in 8.3% (1/12). Lethality 8.3% (observed in a patient with acute cerebrovascular insufficiency).

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CONCLUSION

The origin of scar stenosis, which develops after endotracheal intubation, depends on the patient's previous and concomitant diseases, the placement of the intubation tube. The method used in patients for the prevention of scar stenosis showed that it was intended to apply this method to a full science and work on the skills of their perfect development. It was determined that this operative method depends on the skill of the doctor and the ability to choose the stent correctly, as well as on the biological characteristics of the stent. It was found that the advantage of this method is that the patients' full capacity for work is preserved and it does not cause any complications if the patient does not have concomitant diseases, as well as it does not lead to respiratory failure.

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