Editorial

Laryngotracheal Stenosis—Revisited

Acquired laryngotracheal stenosis (LTS) is becoming more and more acute problem nowadays. Road traffic accidents and intensive care units (ICUs) contribute to almost 90% of the hospital admissions. A very difficult airway problem interferes with three important functions of swallowing, voice production and respiration; with special emphasis on lower airway protection. The incidence is increasing tremendously, and probably a new section of physicians – 'airway specialists' may be necessary to deal with these complex problems. Dedicated airway clinics are available in India at a few places, and some of the enthusiasts and 'head and neck' surgeons are taking interest in LTS.

Diagnosis is almost very easily clinched by imaging modalities, where one can find the length and width of the stenotic segment. There are several management modalities accessing the airway endoscopically or by open surgical techniques, including balloon dilatations. End-to-end and partial resections with anastomosis also offer good prognosis. In dwelling stents like Dumont's stents also are gaining more interest.

Inspite of developments like lasers, still laryngotracheal stenosis is an enigmatic disease. We do not know why only some patients develop it while several others do not. Laryngopharyngeal disease had been blamed for these changes in the airway. Prevention of the stenosis by way of early conversion to tracheostomy from the endotracheal intubation needs to be encouraged and promoted. All the critical care specialists have to be sensitized to the sequelae after prolonged ventilation. Active interventions immediately after the trauma may lessen the sequelae.

The role of laryngologists will be to critically inform the ICUs and make the physicians aware of the troublesome issue which can cripple laryngotracheal tree and lead to mortality and morbidity.

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