Guest Editorial

Laryngotracheal stenosis (LTS) is a very debilitating condition and its incidence has been increasing in recent times. It can present as CHAOS (congenital high airway obstructive syndrome) in the unborn fetus; or immediately after birth due to congenital subglottic stenosis; or can be acquired following severe intubation lesions, tumors and neck or laryngeal trauma. Tracheostomy is required in several of these conditions and it is a challenge to the patients, parents as well as to the treating medical staff. Ironically, many times, an ill-performed tracheostomy or its improper management itself is an important cause for acquired LTS.

The treatment of LTS starts with a correct preoperative assessment, then preparing the management plan and executing it correctly and finally an optimal postoperative care. Endoscopy is the gold standard to have the correct diagnosis and thus is really the key to a favorable result following the surgery. The airway surgeon must be adequately trained in performing diagnostic and therapeutic endoscopies and should have a sound knowledge of all available surgical options. Importantly, he should well collaborate in a multidisciplinary team consisting of pediatric and adult anesthesiologists/ intensivists/ swallow therapists/ physiotherapists/ gastro-pulmonologists/ geneticists and various other specialists.

Prevention of LTS cannot be overemphasized. It includes basic training in performing a correct tracheostomy and appropriate management of the various congenital airway lesions, intubation lesions and emergency treatment of a laryngeal trauma. The role of medical colleges and university hospitals in spreading this knowledge is critical.

Three aphorisms in the LTS management are very important: (1) The best treatment to the patient lies in the first intervention and any degree of mismanagement during this intervention can leave the patient handicapped for life; (2) LTS surgery is for a specific patient with a specific stenosis — meaning that the surgeon must be trained in all endoscopic and open interventions and also know his own limitations; (3) The learning curve in managing these patients is long and stressful and it is important that the airway surgeon stays continually motivated in his work. These aphorisms are true in management of any medical condition, but are even truer for the LTS patients.

Kishore Sandu
Chief – Airway Sector
Department of Otorhinolaryngology
Lausanne University Hospital, Switzerland