European Respiratory Society
Annual Congress 2013

Abstract Number: 5362

Publication Number: P3751

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Lung cancer / Oncology **Keyword 2:** Bronchoscopy **Keyword 3:** Airway management

Title: Peripheral airway stenting. Is it worth the effort? Clinical experience with self-expandable metal stents

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Body: Background: Endobronchial stents have a clear role in the palliation of patients with malignant central airway obstruction, but peripheral (lobar) airway obstruction is still a debatable indication for stenting. However dispnea or more frequently post-obstructive pneumonia, seriously interferes with the administration of additional treatment such as chemotherapy or radiotherapy, usually when tumor of the left upper lobe may impairs the lower lobe bronchus's patency. We report our experience with self-expandable metallic stents (SEMSs) in patients with symptomatic neoplastic stenosis in which eleven patients had a stenosis confined to a lower lobe bronchus. Methods: Between May 2010 and August 2012, 31 SEMSs were implanted in 29 patients with malignant (n=28) tracheobronchial strictures and broncho-oesophageal fistula (n=1). Barthel Index (BI), MRC scale and a four points endoscopic score for the degree of secretions accumulated were used in follow up evaluations at day 1, 30 days, 3 and 6 moths post stent placement. Results. Stent deployment was successful in all patients without procedure related complications with immediate significant improvement of symptoms (BI p<0,001;MRC p<0,001). The mean follow-up duration was 150 dys ± SD 53. Overall stent-related complications were seen in 16,2 % of patients. Conclusions: We suggest that stenting of peripheral airways should be performed early to prevent the infective event. Furthermore the amount of recovered lung tissue consequent to stent placement is clinically and radiologically significant.