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Title: Plastics of trachea with the formation of a lumen on a T-shaped endoprosthesis in the treatment of cicatricial stenosis of the cervical part of trachea and laryngo-tracheal localization

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Body: Introduction: It's known that radical method of treatment of cicatricial stenoses of trachea (CST) is a circular resection. However, the patients after severe combined head injuries or after neurosurgical interventions require a long rehabilitation because of the neurological status which does not allow a radical intervention. The resection in the case of stenosis of tracheolaryngeal segment still remain as the issues of tracheal surgery that have not fully been resolved. Materials and Methods: 46 patients with the CST have been treated from 2008 to 2012. CST were complicated by an esophageal-tracheal fistula in 2 patient. In 4 patients there was an obliteration of the lumen of trachea with a scar tissue above the tracheostomy cannula. Results and Discussion: The circular resection of trachea was performed in 11 patients. In 24 patients with CST of the cervical part a plastics of trachea with the incision of stenotic area, excision of scar tissues and formation of the lumen in a T-shaped endoprosthesis has been performed. Term of dilation varied from 8 to 12 months. Complications such as migration and obstruction of T-shaped stent have not been observed. In all 24 cases good immediate and long-term results have been yielded. Conclusions. Dissection of stenosis with the excision of scarry tissues and the formation of a lumen on the T-shaped endoprosthesis allows to rehabilitate patients from their comorbidities, to eliminate the signs of purulent endobronchitis, to retain the ability of breathing through the natural airways and phonation and allows to generate a sufficient lumen of trachea.