

CASE STUDY

Treatment of Uncommon Endobronchial Lesion in the Bronchus Intermedius with an AERO® Tracheobronchial Stent

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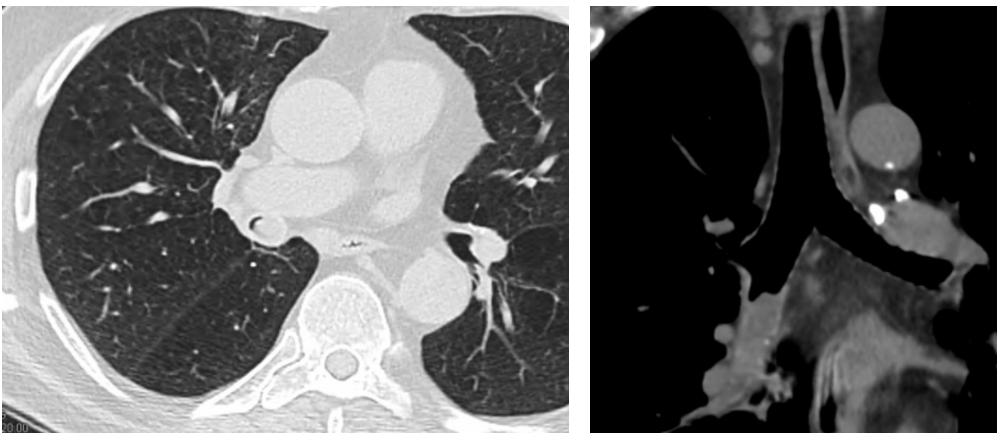


PRESENTATION

A 77-year-old man with moderate COPD, obstructive sleep apnea, and a prior history of smoking, presented to emergency room with hemoptysis and was found to have a new endobronchial mass in the bronchus intermedius.

WORK UP

CT chest showed a right bronchus intermedius mass with complete occlusion of the bronchus intermedius.

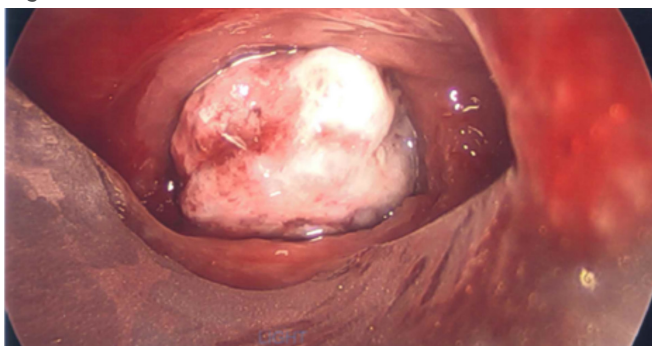


INTERVENTION

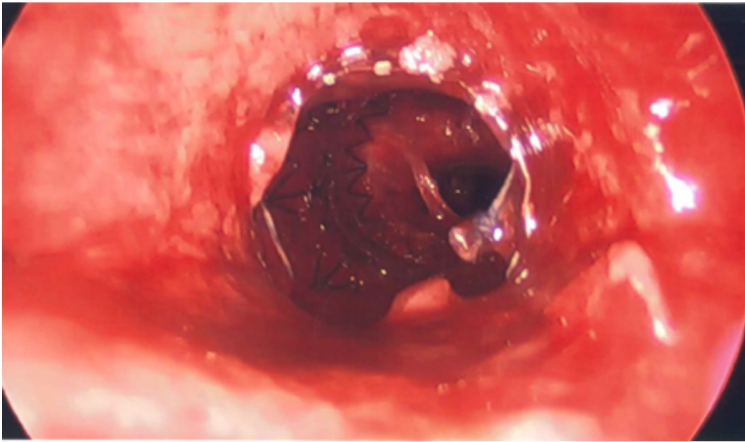
Rigid bronchoscopy revealed 100% occlusion in the bronchus intermedius with an endobronchial lesion, which appeared to be extremely heterogenous and irregular, suggestive of malignancy.

The tumor was treated with a Nd:YAG laser and cored out using the rigid barrel. Once the tumor was removed, the residual tissue seemed to be originating from the superior segment of the right lower lobe which invaded the rest of the segments in the right lower lobe as well. Since there was invasion of the wall, the decision was made to place a 10mm x 20mm AERO® Tracheobronchial self-expanding metallic stent, while the patient awaited a treatment plan.

Right Bronchus Intermedius Tumor



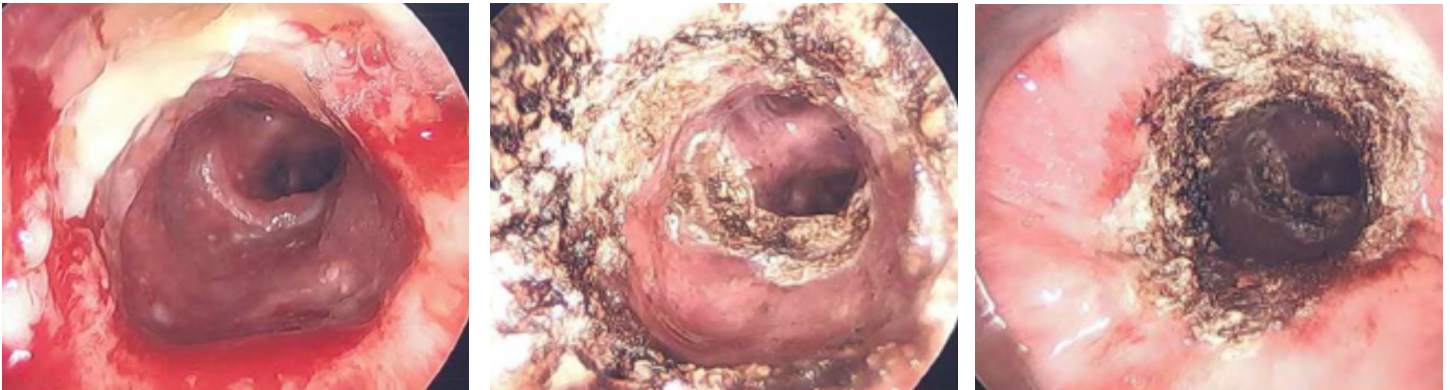
Post Mechanical Excision, Nd:YAG Laser and Stent Placement



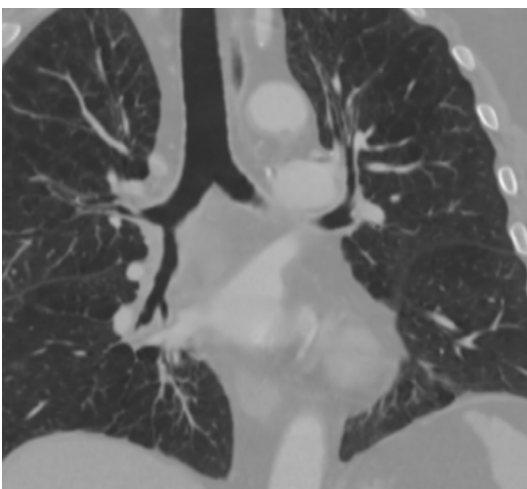
FOLLOW UP

Pathology was consistent with sarcomatoid variant of non-small cell lung cancer with a neuroendocrine and osteo component. The patient was started on concurrent radiation with carboplatin and etoposide and showed great response. A repeat rigid bronchoscopy was done at three months and no residual tumor or stenosis was seen. The stent was easily removed. The distal base had a small amount of granulation tissue and was treated with Argon Plasma Coagulation. Patient is two years post stent removal and no recurrent disease has been detected.

Follow Up Rigid Bronchoscopy with Stent Removal

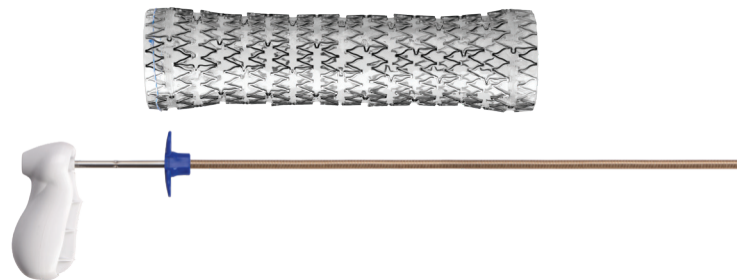


Follow Up CT-Chest with Patent Bronchus Intermedius



CONCLUSIONS

The use of AERO® Tracheobronchial Stents, combined with other therapies, provided efficacious treatment of this uncommon form of malignancy causing complete endobronchial occlusion and bronchial stenosis.



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