

CASE STUDY

Treatment of a Left Mainstem Endobronchial Tumor Using an AERO® Tracheobronchial Stent



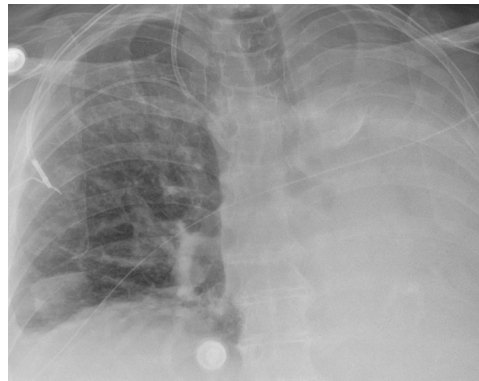
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PRESENTATION

A 60-year-old woman with a large left hilar mass presented to the emergency room with worsening dyspnea.

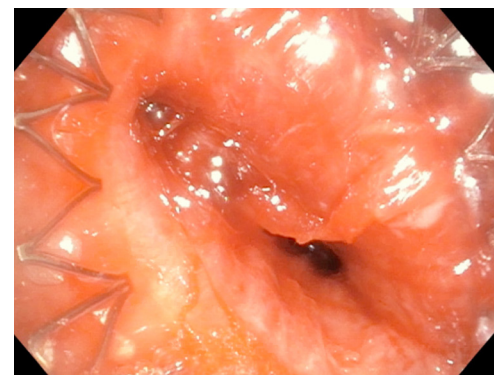
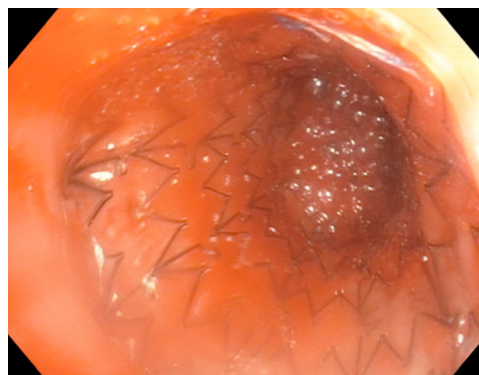
WORK UP

Advanced imaging demonstrated total occlusion of the left mainstem (LM) bronchus which was confirmed with direct visualization.



INTERVENTION

The patient was intubated with a rigid bronchoscope. The rigid scope was advanced into the LM bronchus and the endobronchial tumor was mechanically cored out using the bevel of the rigid scope. The left upper lobe (LUL) and lower lobe (LLL) take-off both had intrinsic and extrinsic malignant involvement. A cryoprobe was used to debulk and restore patency of the LUL and LLL take-off. A 14mm x 40mm AERO® tracheobronchial stent was placed into the LM bronchus to maintain patency.



Images demonstrate the endobronchial tumor (upper left) and placement of AERO tracheobronchial stent (upper right and lower left) following mechanical and cryoprobe debulking of the endobronchial disease (lower right).

CONTINUED

FOLLOW UP

Following the procedure, the patient's symptoms improved. The biopsy revealed adenocarcinoma consistent with non-small cell lung cancer. Her chest x-ray demonstrated improved aeration in the left lung and she was discharged on post-operative day three.



CONCLUSIONS

The use of AERO Tracheobronchial stents provides a solution in the treatment of central airway obstruction; in particular, bronchial obstruction from malignant disease. Careful and meticulous measurement to obtain the correct stent size and position and controlled deployment help to facilitate proper and successful placement.



AEROSIZER®
STENT SIZING DEVICE

AERO®
TRACHEOBRONCHIAL STENT

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