

CASE STUDY

Treatment of Right Middle Lobe Stenosis Using an AEROMini[®] Through-the-Scope Tracheobronchial Stent



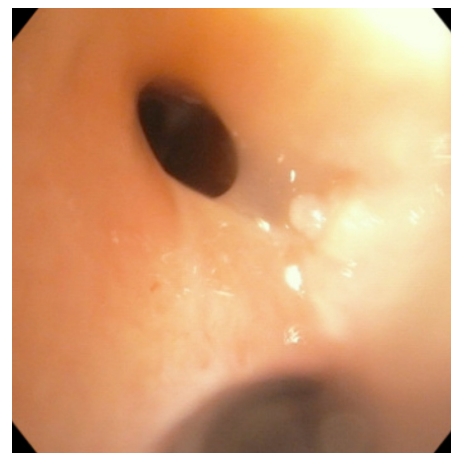
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PRESENTATION

A 75-year-old man who had advanced stage lung cancer presented with worsening dyspnea and productive cough.

WORK UP

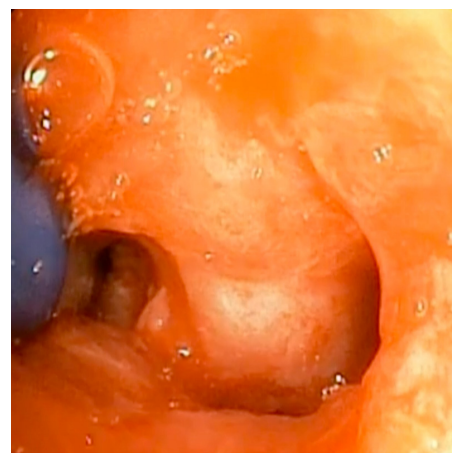
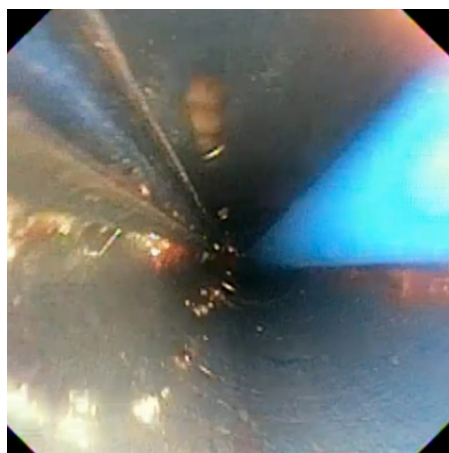
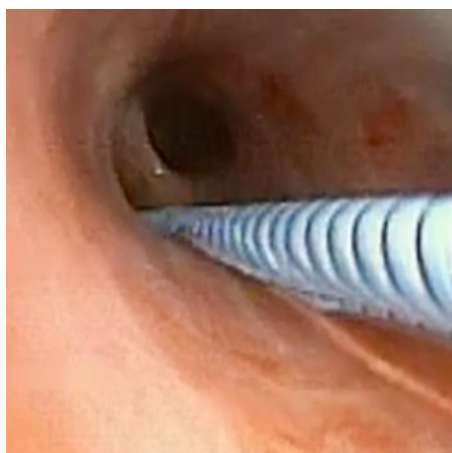
Under bronchoscopic exam, the right middle lobe (RML) had a 90% stenosis with evidence of post-obstructive pneumonia.



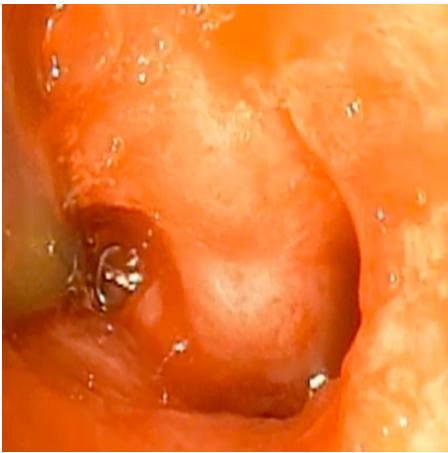
RML stenosis

INTERVENTION

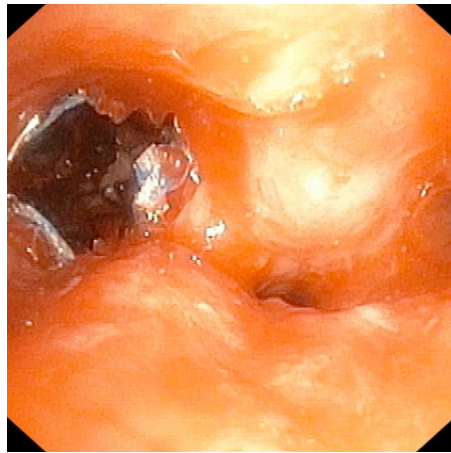
The decision was made to place a lobar stent in the RML due to stenosis and post-obstructive infection. A 6mm x 15mm AEROMini[®] Through-the-Scope (TTS) tracheobronchial stent was chosen due to the length and diameter of the proximal RML segment. A direct visualization approach was taken due to the stenotic nature of the RML take-off and tortuosity of the proximal central airway. An 0.035 x 180cm Super Stiff MAXXWIRE[®] from Merit Medical was advanced through the bronchoscope and into the distal RML. The stent delivery system was passed over the wire and placed into the RML bronchus under direct visualization. The AEROMini's proximal green marker was used to ensure precise placement of the stent in the proximal portion of the airway.



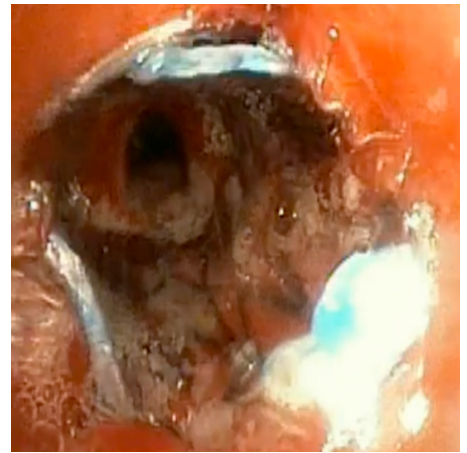
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Proximal green marker



Deployed AEROMini TTS stent



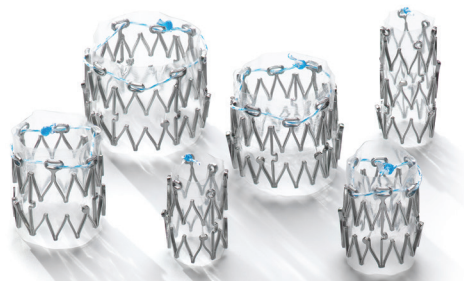
FOLLOW UP

The AEROMini stent was successfully placed and able to restore RML patency and aeration. This also helped with drainage of purulent secretions. The patient remained in the hospital and was treated with antibiotics. He was eventually discharged and sent home.

CONCLUSIONS

The use of the AEROMini through-the-scope tracheobronchial stent provided an optimal solution in the treatment of a lobar collapse. Direct visual deployment of the AEROMini stent was aided by utilizing the proximal green marker as an indicator during stent placement.

AEROMini[®]



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