Rare Cases: Tracheal/bronchial Obstruction
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Abstract

HISTORY
A 75 year old female patient presents with shortness of breath. She has some cough with white and bloody sputum. Afebrile. She had a history of renal cell carcinoma with unilateral nephrectomy 30 years ago. Positive for hypertension, non-insulin-dependent diabetes mellitus and asymptomatic coronary artery disease. In the past year she underwent several bronchoscopies for evaluation of the airway. She had a known progressive narrowing of her distal trachea due to metastatic lung disease. Radiotherapy and chemotherapy did not improved her progressing disease. She was transferred to our hospital for further evaluation and possible palliative measures in regard to her airway.

ADMISSION
The patient presented with the following chest X-ray and chest CT scan:

Citation

Figure 1
Chest X-ray: atelectasis of the right lung with mediastinal shift to the right
**PLAN**

The patient's situation was desperate. The tumor mass had obliterated most of the right mainstem bronchus and was just about to start closing the left main bronchus. It was discussed with the patient, family, and referring physician that the thoracic team would attempt a palliative procedure to open the airway. The patient was intubated and ventilated in order to avoid respiratory failure. Sedation was obtained with a propofol drip. A DNR (Do Not Resuscitate) order was discussed and placed in order. Thoracic surgery and anesthesia discussed the plan of this high-risk procedure. The patient was taken to the operating room for fiberoptic bronchoscopy, YAG laser of the intratracheal/bronchial tumor mass and possible stent placement.

**INTRAOPERATIVE PROCEDURE**
Figure 5
Fiberoptic bronchoscopy and laser procedure through the endoscope

Figure 6
Fiberoptic bronchoscopy: tumor mass reaching into distal trachea and obstructing 98% of the right mainstem bronchus. Some bloody and necrotic tissue on the surface of the tumor mass

Figure 8
Laser in action: On the left upper corner carina with left mainstem bronchus (visible after several sessions of YAG laser). Active laser beam on the right upper corner treating the tumor mass
**POSTOPERATIVE COURSE**

Uneventful postoperative course. Weaning from ventilator and extubation without problems on postoperative day 1. Patient discharged from intensive care unit with stable vital signs. Repeat of YAG laser surgery in the future possible as palliative procedure.

**References**
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