# Endoscopic Surgery in the Paediatric Airway



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#### History of paediatric stenosis

- •60's Premature infants survive
  - Acquired Subglottic Stenosis
  - Tracheostomy
- •70's Open laryngeal surgery, Rib graft repair
- •80's Cricoid split to deal with early cases
- •90's Single stage laryngeal reconstruction
- Partial cricotracheal resection
- •2000+ Endoscopic techniques



#### Why endoscopic rather than open?

## Concerns with existing techniques

- Tracheostomy
- Poor vocal outcome
- LASER

## Initially encouraging results

- Convergent thinking: not alone
- Concepts fit with my animal work

## New techniques available

- Sharp division
- Radial dilatation
- 12+ Bar without shearing
- Microdebrider
- Mitomycin
- Steroids
- Stents
- Lateralisation sutures

#### Minimally invasive techniques in the literature

- Surgeons using advanced endoscopic techniques in the airway
  - Rutter
  - Froehlich
  - Rothera
- Endoscopic balloon dilatation of subglottic stenosis
  - Rothera, M.P. J. Laryngol. Otol. 1995
- Endoscopic posterior cricoid split and rib grafting in 10 children
  - Inglis and Manning Laryngoscope 2003

#### Conditions now treated endoscopically

Laryngomalacia division/resection

Cystssharp avulsion

Soft early stenosis cricoid split

Restenosis after LTR T-tube

Established stenosis grafts

High tracheal stenosis stents

– Webs keel

Vocal cord palsy
 lateralisation suture

Interarytenoid scar lateralisation suture

#### Basic Endoscopic Techniques

- Anaesthesia
- Adrenaline
- •FESS style 2 handed surgery

- Initial Techniques
- •Cut/divide/shave
- •Balloon
- Injection
- Later Techniques
- •Stent
- Suture
- •Graft



#### Anaesthesia

- Spontaneous respiration
  - Halothane/Sevoflurane
- Topical anaesthesia
  - Intramuscular Atropine
- Topical Epinephrine



OR

Total Intravenous anaesthesia

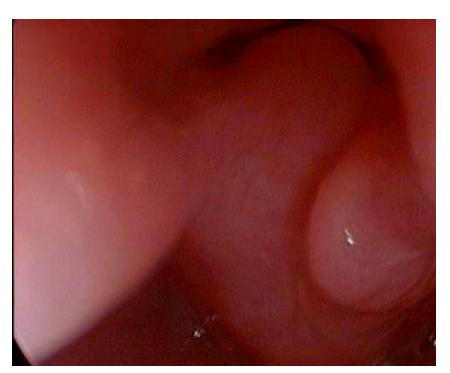


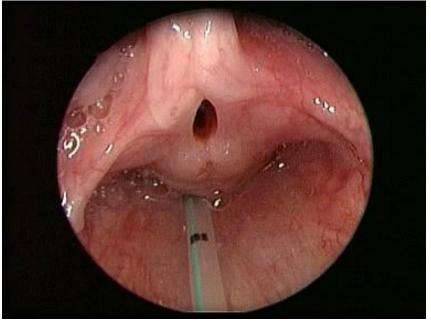


#### **Initial Techniques**

- Sharp division in stenosis or evenn laryngomalacia
- Sharp removal granulations and cysts
- Sharp division of stenosis and webs
- Radial balloon dilatation
- Microdebrider
- Inject steroids
- Apply Mitomycin

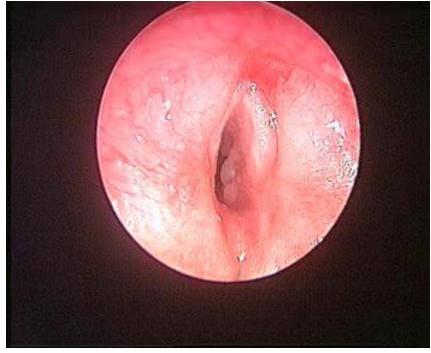
## Laryngomalacia





## Sharp Removal Of Cysts





#### Endoscopic Decompression Of Edematous Larynx





### Balloon radial dilatation

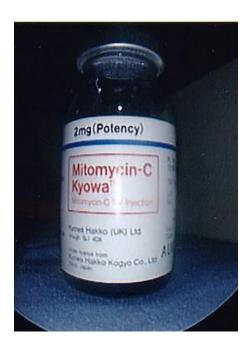


#### Microdebrider



#### Mitomycin C

- Antineoplastic antibiotic acts as an alkylating agent by inhibiting DNA and protein synthesis
- Dose 0.4 to 4 mg/ml
- 2 mg/ml



## Triamcinolone Injection

40 mg in 1 ml



#### Later Techniques

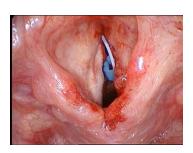
- Repeat radial dilatation
- Mitomycin/Steroids

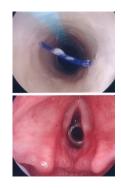


- Montgomery T-Tube
- •silastic keels
- •tube stents
- Wedge resection
- Endoscopic grafts





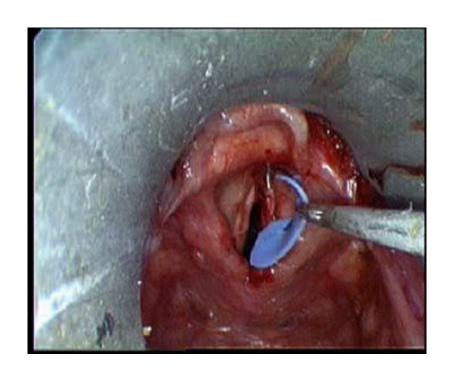




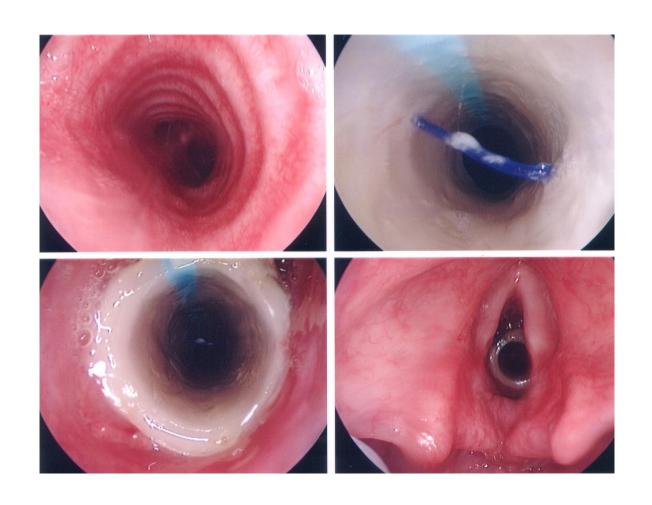


## AZ: 8 years, anterior web following laser for papilloma

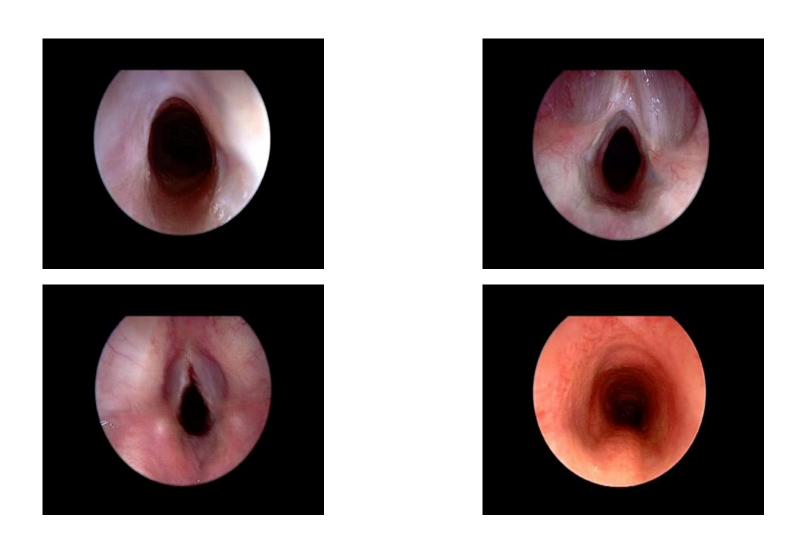
Division with insertion of silastic stent



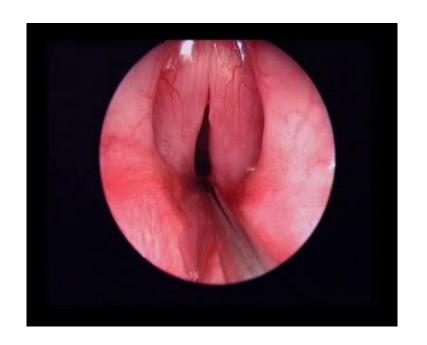
CW 12 years-Endoscopic Insertion of Endolaryngeal Stent



EJ: 12 years old, failed laser division of web stenosis



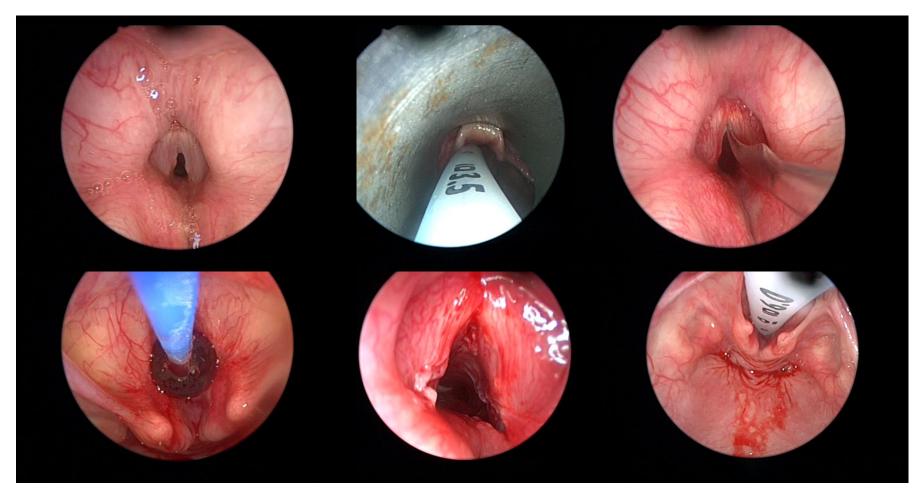
## RC: 12 years skiing accident





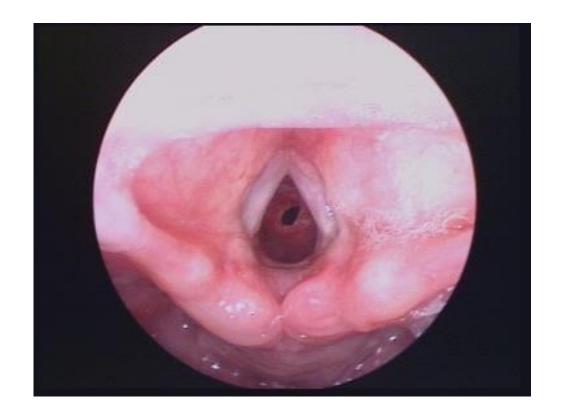
### CN: 10 years RTA

Division of interarytenoid scar, anterior web and subglottic stenosis



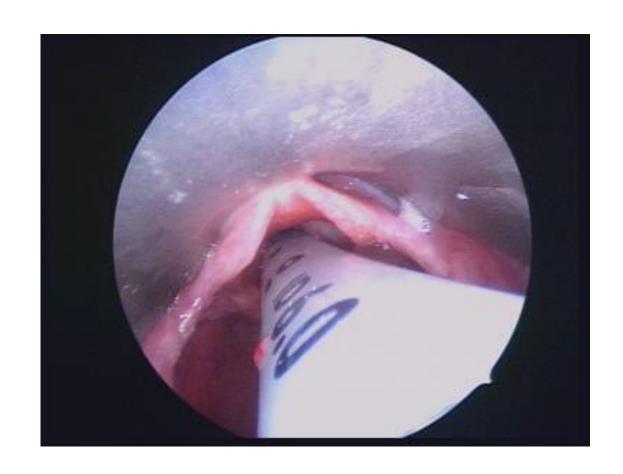
### MK: Downs, microtrachea

- Cricotracheal resection
- multiple stents
- Thin stenosis

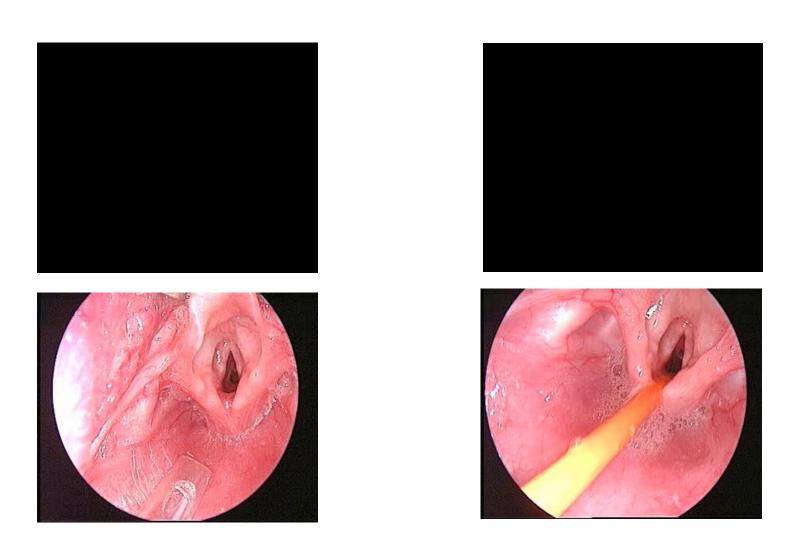


### MK: Downs, microtrachea

- •Repeated:
- Sharp division
- •Balloon
- Steroid injection



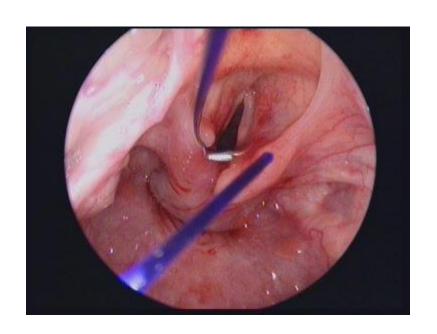
## EB: ex prem with stridor

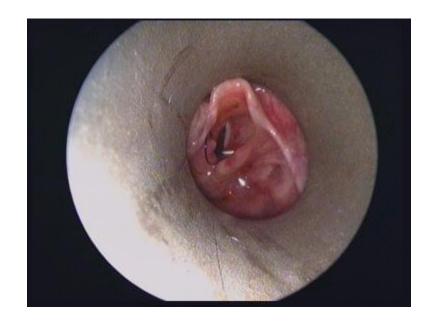


ES 8, years, Larsens syndrome T tube to prevent restenosis

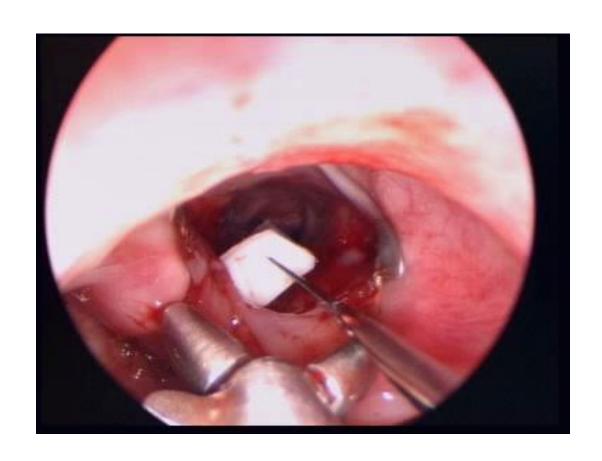


#### N.A 6 years, vocal cord palsy Lateralisation suture





# BB, 12 years, posterior scar Endoscopic posterior graft



#### Summary

- Advanced endoscopic procedures may reduce the need for open surgery.
- The indications, risks and benefits need to be determined
- My experience has been mostly positive
  - No major complications
  - A few notable success stories
  - Time and cost a consideration

## Thank you

## eSpo2012amSterdam

11th International Congress of the European Society of Pediatric Otorhinolaryngology



Pediatric Otorhinolaryngology: From experience-based to evidence-based practice

#### **DATE FOR YOUR DIARY**

## Saturday 31st May - Tuesday 3rd June 2014

The Convention Centre, Dublin, Ireland



12<sup>th</sup> INTERNATIONAL CONGRESS OF THE EUROPEAN SOCIETY OF PEDIATRIC OTORHINOLARYNGOLOGY

