Estenosis bronquial postrasplante pulmonar

To the Editor:

We have read with great interest the article recently published by Dr. Fernández-Bussy et al. about the treatment of airway complications after lung transplantation. The authors describe their experience over the course of 8 years and suggest a treatment algorithm to follow. In our opinion, the study deals with a topic that is currently of great relevance since, first of all, there has been an important growth in lung transplantation activity and, secondly, the possible airway complications that may occur in these patients are not always treated in centers that are specialized in such airway afflictions.

As the authors report, given stenosis of the bronchial anastomosis, endoscopic therapy using balloon dilation can be the first option for treatment, requiring the implantation of an endobronchial stent when, after 3 or 4 sessions, definitive results are not obtained. In our group, the most severe stenoses are treated with pneumatic dilation after previously performing radial cuts with electrocauterization in the fibrotic area of the stenosis, followed by the implantation of a stent in selected cases. In previous papers, our group has suggested that the local use of topical mitomycin C, after radial cuts with electrocauterization and high-pressure balloon dilation, can avoid this latter measure in a selected sub-

References


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Bronchial Stenosis After Lung Transplantation

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Fig. 1. Endoscopic treatment of post-lung transplantation bronchial stenoses in our center.

References


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