Cricoid Splitting for Severe Glottic and Subglottic Stenosis: Experience at Srinagarind Hospital Somchart Sangsa-ard, Supaporn Srijrompotong

Introduction: The management of stenosis of the subglottic larynx remains one of the most challenging problems facing any otolaryngologist. Severe glottic and subglottic stenosis are inevitably treated by open surgical techniques to restore an adequate airway. Recently a new technique, cricoid splitting, either anterior or anterior and posterior has gained popularity with a high rate of successful decannulation.

Objective: This report describes the authors’ experience with 13 patients who underwent anterior or anterior and posterior cricoid splitting with costal cartilage grafting from 1993 to 1998.

Setting: Department of Otolaryngology, Srinagarind Hospital, Faculty of Medicine, Khon Kaen University

Results: Seven patients (53.8%) were successfully decannulated. All of them had post-operative granulation tissue in the stent placement area which required endoscopic treatment before decannulation. Three patients with succeeded extubation developed restenosis but eventually were decannulated. None of the patients in the pediatric group (5-11 years) could be decannulated.

Conclusions: The management of severe glottic and subglottic stenosis is difficult. The cricoid splitting technique should be considered as a newer form of treatment. However, the success rate of treatment depends on many factors such as patient selection, surgical technique and post-operative care.

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