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The effect of endobronial shaver device on respiratory compliance and treatment effectiveness in the treatment of endobronchial and tracheal obstructive pathologies

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Complications related to airway obstruction (pneumonia, atelectasis, shortness of breath, etc.) develop in 20-30% of lung cancer cases. Approximately 40% of lung cancer deaths are due to intra thoracic complications. Tumor results in rapid progression to the respiratory tract breathlessness can develop within months or even weeks. Endobronchial tumor/infectious complications such as post prosthetic pneumonia may develop due to the loss of secretions behind the stenosis. Endobronchial therapy is palliative and constitutes a part of multidisciplinary treatment of lung cancer. In most cases of patients, the majority of patients have shortness of breath decoupling and performance improvements are achieved. Endobronchial therapy can be used for curative purposes in milk, micro invasive early stage bronchial carcinomas and typical carcinoid tumors. Endobronchial masses obstructing the large airway can be coagulated by laser, electro cautery or argon plasma method. Due to the costly formation and risk of perforation, laser treatments are now less desirable. The necrotic or coagulated mass is cleaned with a rigid bronchoscope tip or with forceps, de-bulking. After lumbar puncture is given, oncological treatments for the locale, brachytherapy can be applied. If these treatments are not applied, the continuation of the luminal opening can be achieved with the help of a stent. The latter may be preferred in the treatment of late-onset cryotherapy, more peripheral lesions, endo-bronchial tumors without dyspnoea. There is no risk of bleeding and perforation. Photodynamic therapy except intra tumoral chemotherapy, balloon- all of these treatments have serious complications and costs. Performing this process with endobronchial re-sector may be used to establish a palliative airway when diagnosed with appropriate malignancy and to produce a therapeutic effect in benign endobronchial pathologies. In benign tracheal pathologies; stenosis frequently occurs after tracheostomy 0,6-21%, after intubation 6-21%. Various options such as diathermic resection, endoscopic laser, dilatation, graft interposition, stenting and resection are applied in the treatment of tracheal stenosis. Opening of the bronchus with the endobronchial resection saves time for the foreseen cases will be a treatment step for stent placement after unthinking or inappropriate surgery. 10 patients undergoing rigid bronchoscopy in the treatment of endobronchial and tracheal obstructive pathologies with endobronchial shavers were included in our clinic. We aimed to evaluate the effect of treatment on respiratory compliance and the effectiveness of treatment in these patients.

Biography

Fazli Yanik has completed his Medical Degree from Trakya University, Turkey and he was Thoracic Surgery Research Fellow in Thoracic Oncology-Surgery at the same University Hospital. He is the Clinical Area Coordinator of Thoracic Oncology-Surgery at Department of Thoracic Surgery in Edirne, Turkey. He deals with biomedical research and clinical studies (Phase I-II) in Thoracic Surgery and Oncology. He is working as Assistant Professor at the Thoracic Surgery Department of Trakya University. He is also a member of ERS, EACTS and IASLC societies and a Founder of the Turkish Lung Cancer Community. He has an interest in lung cancer surgery, video-assisted thoracoscopic surgery, awake minimal invasive surgery, mediastinal tumors, pleural tumors and mesothelioma. His manuscripts have been published in such peer-reviewed journals as *Journal of Thoracic Disease, Journal of Laparoendoscopic & Advanced Surgical Techniques, Journal of Clinical and Analytical Medicine, Asian Cardiovascular & Thoracic Annals, Indian Journal of Thoracic and Cardiothoracic Surgery.*

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