

Project created on 06.09.2016 02:03.

Report for project Senior Design

Task created on 29.09.2016 18:40.

Background Research on SGS

No due date

No description

Task tags: *No tags*

Post Treatment Subglottic Stenosis [*posttreatmentSGS.jpg*]

Uploaded by Kyle Sachdev on 29.09.2016 18:45.



Comments for result Post Treatment Subglottic Stenosis

Kyle Sachdev on 29.09.2016 at 18:46: Subglottic Stenosis that has been treated with laser division and balloon dilation

Subglottic Stenosis [*sgs.jpg*] Uploaded by Kyle Sachdev on 29.09.2016 18:42.



Comments for result Subglottic Stenosis

Kyle Sachdev on 29.09.2016 at 18:44: Subglottic Stenosis before treatment

* Created by Kyle Sachdev on 29.09.2016 19:36.

- Narrowing of the subglottic area that affects soft tissue and cartilage
- Narrowing is normally caused by a buildup of scar tissue
- Usually affects the cricoid cartilage
- Subglottic Stenosis (SGS) can be congenital or acquired
 - Acquired is by far more common than congenital
- Trauma is the most common cause of SGS
 - about 90% of of all cases of acquired SGS is caused from endotracheal intubation
- intubation pressure on the complete cartilaginous ring is what affects the subglottic area
- Duration of intubation is most important factor is development of stenosis
 - 7-10 days is acceptable, but after that the risk of trauma increases dramatically
- size of tube should correlate to patients height
 - normally no bigger than 7-8 mm for men and 6-7 mm for women

- Acquired stenosis is secondary to trauma of the subglottic region
- Symptoms include:
 - Dyspnea
 - Stridor
 - Hoarsness
 - high index of suspicion is warranted with the onset of respiratory problems following any duration of intubation
- graded on severity of block
 - grade 1 < 50% obstruction
 - grade 2 51% to 70% obstructions
 - grade 3 71% to 99% obstruction
 - grade 4 no detectable lumen (complete stenosis)
- Treatment depends on grade of stenosis
- for mild cases (grade 1 and grade 2) treatment is either observation or endoscopic surgery
 - for the mildest cases where the patient is asymptomatic close observation is used to make sure the patient doesn't get worse
 - Endoscopic surgery:
 - A knife or laser is used to cut the scar tissue
 - An angioplasty balloon is dilated in order to push the scar tissue radially and open up the airway
 - Our device will most likely work similarly to the angioplasty balloon in that it will put pressure on the scar tissue to push it radially
 - Balloon dilation may also be used for more serious cases
- Treatment of grade 3 and 4 stenosis
 - almost always need a tracheostomy tube to breathe
 - Laryngotracheal reconstruction surgery :
 - use pieces of rib cartilage to expand the airway
 - A vertical cut is made through the narrowed portion of the airway
 - Cartilage grafts are shaped into ellipses using a scalpel
 - the posterior graft has a ledge so it can lock on
 - the grafts can be put in the anterior, posterior, or both at the same time
 - Cricotracheal Resection
 - for the most severe cases
 - scar tissue and most of the anterior cricoid cartilage is cut out
 - normal trachea is brought up to replace it
- Information from
 - http://www.chop.edu/conditions-diseases/subglottic-stenosis/about#.V-2IU44-RX_
 - <https://www.utmb.edu/otoref/gmnds/pedi-subglot-070627/Pedi-subglot-070627.pdf>
 - [http://emedicine.medscape.com/article/865437-overview?pa=zzrmajqUH4boormsuylt3674WAqjrCVZgB%2FhgNHFaEwYZ1nPQkjr810B%](http://emedicine.medscape.com/article/865437-overview?pa=zzrmajqUH4boormsuylt3674WAqjrCVZgB%2FhgNHFaEwYZ1nPQkjr810B%2F)

 Comments for result

No comments

29.09.2016 18:40 *Kyle Sachdev* created task **Background Research on SGS** .
29.09.2016 18:42 *Kyle Sachdev* added file result **Subglottic Stenosis** .
29.09.2016 18:44 *Kyle Sachdev* edited file result **Subglottic Stenosis** .
29.09.2016 18:44 *Kyle Sachdev* commented on result **Subglottic Stenosis** .
29.09.2016 18:45 *Kyle Sachdev* added file result **Post Treatment Subglottic Stenosis**.
29.09.2016 18:46 *Kyle Sachdev* commented on result **Post Treatment Subglottic Stenosis**.
29.09.2016 19:36 *Kyle Sachdev* added text result .
29.09.2016 21:25 *Kyle Sachdev* edited text result .
29.09.2016 21:28 *Kyle Sachdev* edited text result .
29.09.2016 21:45 *Kyle Sachdev* edited text result .
30.09.2016 15:15 *Kyle Sachdev* edited text result .
30.09.2016 16:01 *Kyle Sachdev* edited text result .

🔹 Samples of task Background Research on SGS

No samples