after the surgery may improve our results. Our strategy has long been to attempt to wean patients from corticosteroids before the surgery, because of the experiences and suggestions of Grillo et al.; however, some researchers have recommended steroids as a routine after the surgery [9]. In order to inhibit the inflammatory process, perhaps we should use steroids with low doses, which we expect would not increase the rate of dehiscence at the anastomotic site.

References


eComment: New technique in tracheal reconstruction

Author: Serdar Han, Department of Thoracic Surgery, Ankara Guven Hospital, Ankara, Turkey

doi:10.1510/icvts.2009.202978A

I read with interest the article by Abbasidezfouli et al. on the etiological factors of recurrence after tracheal resection and reconstruction in post-intubation stenosis [1]. Stenosis after tracheal resection and reconstruction is an important problem. Tracheal stenosis and dehiscence of anastomosis due to excessive tension are well known problems after long segment tracheal resections. Therefore, in terms of prevention or reducing these complications, we aimed to make comparison between the standard reconstruction technique and the ‘W plasty technique’ in our experimental study. Results were good [2]. This technique could be used for human tracheal resection.

References