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Clinical Image
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Critical Tracheal Stenosis Treated with Stent and ECMO Per Procedure

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Clinical Image

A 60-year-old female presented to our hospital due to severe shortness of breath. On physical exam she was anxious, tachypneic and had a stridor. Arterial blood gases showed severe compensated hypercapnia. Chest CT showed right lung and large mediastinal masses with severe tracheal narrowing (Figure 1). The patient was emergently transferred to the OR and had rapid sequence intubation under bronchoscopic guidance. Due to high risk of respiratory collapse during airway manipulation, the patient was placed immediately on Venous-Venous Extra Corporal Membrane Oxygenation (VV-ECMO). After respiratory stabilization, a 16 mm × 60 mm covered stent (MITech, Boston, MA, USA) was placed under fluoroscopic guidance (Figure 2,3). Immediately after the stent placement, the respiratory pressures decreased and the patient was weaned off the VV-ECMO and transferred to the ICU intubated. Transbronchial needle aspiration revealed squamous cell carcinoma. Palliative mediastinal radiation was initiated but unfortunately the patient developed sudden cardiac arrest couple of days later and died. Postmortem bronchoscopy revealed fully patent stent and post mortem CT showed large amount of air in the heart that could be secondary to prolonged chest compressions or tumor perforation from the airways to the cardiovascular system (Figure 4). The family rejected an autopsy.

Figure 1:

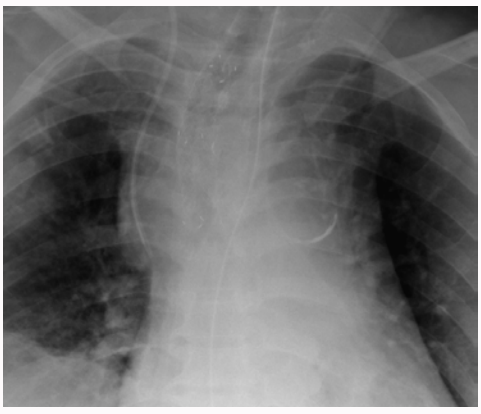

Figure 2:

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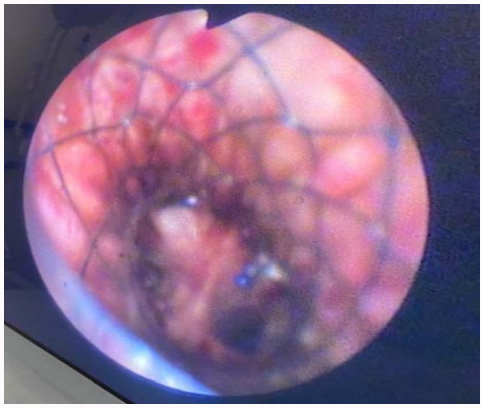

Figure 3:

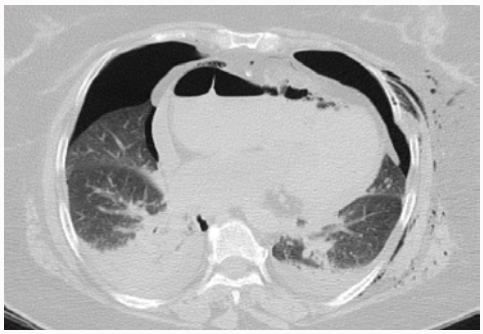

Figure 4: