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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



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MANAGEMENT OF SUBGLOTTIC STENOSIS

An Essay

Submitted for partial fulfillment of
Master Degree in **Otorhinolaryngology**

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Introduction

INTRODUCTION

Laryngeal stenosis is a partial or complete cicatricial narrowing of the endolarynx and may be congenital or acquired. Of all laryngeal stenosis, subglottic stenosis (SGS) is the most common and the most difficult to treat (*Zalzal and Cotton, 1993*).

Congenital SGS, is the third common congenital anomaly of the larynx and is secondary to inadequate recanalization of the laryngeal lumen after completion of normal epithelial fusion at the end of the third month of gestation (*Myer and Cotton, 1988*).

Acquired SGS, accounts for most cases and may be due to iatrogenic trauma, endotracheal intubation or tracheostomies, or accidental trauma, traffic accidents, chemical burns and inhalation injuries (*Gaissert et al., 1993*), or secondary to gastro-oesophageal reflux disease (GERD) (*Jindal, 1994*).

Management of SGS, remains one of the most challenging problems facing the laryngologist where it is easier to prevent than to treat (*Otherson, 1994*). The basic principle for repair of SGS is providing substantial circular architecture over which respiratory epithelium may regenerate (*Conley, 1953*). Multiple procedures have been advocated for correction of SGS which comprise endoscopic and open procedures.