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ESTENOSE SUBGLÓTICA PÓS-TRAQUESTOMIA – CASO CLÍNICO E REVISÃO DA LITERATURA

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Introduction: Chronic pulmonary diseases can develop with respiratory distress due to the deficient supply of oxygen, sometimes motivating the use of tracheostomy as a life-saving measure - it improves ventilatory patterns, reduces pulmonary dead space, airway resistance, risk of infection and respiratory work. However, it can have complications such as subglottic stenosis. In this sense, the relevance of the following clinical case is related to the alert to the medical community regarding the possible complications of the mentioned procedure. Retrospective collection of data available on computerized clinical data registration platforms, respecting patient confidentiality.

Female patient, 60 years old, with prolonged hospital stay in the context of worsening COPD due to community-acquired pneumonia, associated with type 2 respiratory failure. She underwent a trachomy, and was later admitted to our hospital. At the home hospital, extubation was attempted twice, without success. At nasofibrolaryngoscopy, latero-lateral subglottic stenosis with a 40% reduction in subglottic width, with voluminous sessile granuloma with left antero-lateral origin, with a reduction of 80% in airway caliber. Due to the difficulty in ventilation, he was not able to close the tracheostomy. Ventilatory weaning was carried out and afterwards, after the consequent clinical improvement, he was referred to the palliative care unit with cough assist and oxygen therapy, after articulation with physiatrics and the medical oncology team. It will be forwarded for eventual phonation valve placement and occlusion training, under elective timing.

Conclusions: Airway complications that are associated with endotracheal intubation are frequent and can be serious, including subglottic stenosis. Physicians' knowledge of pathophysiology is essential for reducing medical iatrogeny.