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Clinical experience of transbronchial laser ablation for central airway stenosis using high-power diode laser

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[Background]

High power diode (GaAlAs) laser system has been used for the endobronchial laser ablation for central airway stenosis. Compared with the conventional Nd-YAG laser, diode laser system showed equal clinical effect for ablation and the instrument is compact and easier handling. We use high power diode laser system (ULD-60,Olympus) with non-contact probe for the transbronchial treatment.

[Purpose]

The purpose of this study is to review our experience of transbronchial laser ablation to explore the better clinical approach for central airway stenosis.

(Method)

We retrospectively reviewed the patients who were treated for central airway stenosis by transbronchial laser ablation using noncontact-type probe from January 2005 to November 2013 at Chiba University Hospital. The cases are treated by high power diode laser (GaA1As) system which generates laser light (wavelength 810±20nm) with a maximum power of 60W. We investigated the cause of stenosis, the number of treatment, laser setting, total amount of energy, complication, and simultaneously performed modality.

[Result]

31 patients underwent 66 times of the treatment in total. There were 21 males with an average age of 60.3 years-old. The primary cause of airway stenosis are 20 neoplastic diseases (13 malignant tumors, 7 benign tumors) and 11 non-neoplastic diseases. Within the malignant tumors, there were 8 tracheal cancer or lung cancer patients and 5 patients with metastatic tumor. As for the benign tumors, there were 3 hamartoma and each one patient with polymorphic adenoma, papilloma, smooth muscle tumor, and glomus tumor. The non-neoplastic causes of airways stenosis were 4 intubation or tracheotomy patients, each 2 patients with trauma, surgery, and tuberculosis and one another cause. The numbers of treatment were 26 times (1.3 times/patient) for neoplastic diseases and 40 times (3.64 times/patient) for non-neoplastic disease. In non-neoplastic diseases, we did more treatments per case. The total amount of energy was 1870.1J on average (1760.7J for neoplastic disease and 1979.6J for non-neoplastic disease. For the neoplastic disease, 18 out of 21 patients were treated with other modality such as snaring, ethanol injection and stent insertion. Four out of 11 non-neoplastic poatients were treated with balloon dilatation. There was no major complication related with transbronchial laser ablation.

[Conclusion]

Transbronchial laser ablation using diode laser system with non-contact probe can be safely performed and useful for transbronchial treatment for the central airway stenosis.