Adults are big children

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Pediatric surgeons often will emphasize that adult operations should not be tailored down to fit young bodies, because “children are not small adults.” However, the reverse may not be entirely true.

In this issue of the *Journal*, Hoetzenecker and colleagues¹ describe a novel procedure for the repair of adult glotto-subglottic stenosis that relies on pediatric surgical principles. The operation of choice for this rare type of laryngotracheal stenosis was described by Couraud and colleagues² in a report of 60 patients in 1985. A significant limitation to this operation is that the reconstructed larynx becomes largely unstable and denuded of mucosa, requiring internal stenting with a Montgomery T-tube for a period of many months. Because airway stents have a significant impact on the quality of voice, deglutition, and life in general, the authors¹ have modified this operation to obviate the need for postoperative stenting. The innovation rests on the implantation of a fragment of rib cartilage in the posteriorly divided cricoid plate to enlarge the glotto-subglottic diameter and in the use of the proximal trachea to stabilize the anterior laryngeal wall. In their early experience of 5 patients, none has required a postoperative T-tube, although 3 of 5 patients required a tracheostomy for a short period of time.¹

This initial experience provides new insights into solving an old problem. Hoetzenecker and colleagues¹ present the first objective assessment of voice quality, pulmonary function, and swallowing after this type of major laryngeal reconstruction. Another valuable conclusion from this work is that rare and complex disorders are best treated by multidisciplinary teams. Dedicated expert surgeons, phoniatricians, speech therapists, and anesthesiologists have collaborated on the preoperative assessment, intraoperative management, and postoperative care of these patients. This

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Central Message

Initial experience with a modified technique for repair of glotto-subglottic stenosis obviates the need for prolonged airway stenting.

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setting certainly drives the successful outcomes of this series, and surgeons who seek to learn and perform this operation on their own patients should strongly consider duplicating this patient care approach as well.

Although a formal quality of life assessment was not performed and no control group was used for comparison, it would be hard to negate the potential advantages of this new technique over the old Couraud repair. Because of the rarity of this disorder and the concentration of expertise in a few centers around the world, a scientific comparison between old and new techniques may never be undertaken, but on the other hand, is it even necessary?

References

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