Complete resolution of large iatrogenic tracheal laceration with conservative approach

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Tracheal laceration is a rare complication of tracheal intubation. Its management, surgical versus conservative, is still a matter of debate. Only in the absence of respiratory failure and a laceration size < 4 cm, a conservative approach is preferred. (Schneider T et al Ann Thoracic Surg 2007;83:1960)

We present two cases of large tracheal post-intubation lacerations. The tears, localized in the membranous part, were > 4 cm long and healed spontaneously as confirmed by chest CT and bronchoscopy after 4 weeks. In both cases prophylactic antibiotics were administered.

A 45-year-old woman presented with progressive subcutaneous emphysema 8 days after arthroscopy under general anesthesia. Chest CT showed a 5 cm long lesion of the membranous part of the distal trachea with pneumomediastinum. During bronchoscopy opening and closing of the lesion in phase with respiration was observed.

A 53-year-old woman presented with massive subcutaneous facial emphysema after gastroscopy under general anesthesia. CT revealed a defect at the level of the right posterior tracheal membrane just proximal of the main carina and bronchoscopy confirmed a large patulous laceration. (figure)
Although a surgical approach is usually preferred in tracheal lacerations > 4 cm, a complete and uncomplicated healing of lesions of the membranous part may be observed with conservative treatment.

**Figure**

*Figure 1 Image of the trachea during laceration (left) and after healing (right)*