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IMAGING IN INTENSIVE CARE MEDICINE

Post-intubation tracheal laceration

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Post-intubation tracheal laceration (PITL) is an extremely rare entity (0.005% of entubations) with very high mortality and morbidity. Treatment can be conservative, namely for lacerations below 3 cm, surgical or endoscopic, according to size and location of the laceration and ventilatory efficiency. There is no clear indication for one of these approaches and it depends on local expertise.

Figure 1a illustrates a 6-cm PITL with tracheoesophageal fistula discovered after 18 days of ventilation through the esophagus. The picture was obtained after placement of an esophageal prosthesis. There was a significant limitation to ventilation, and the patient needed deep sedation and muscular relaxants for ventilation management. The patient was progressively submitted to endoscopic prothesis, esophagectomy, and tracheostomy.

Figure 1b presents a 6.5-cm laceration, close to the main right bronchia in a 79-year-old woman, with severe multiple trauma, entubated on scene. Surgery was initially opted for, but the intervention was postponed because of instability due to severe trauma. On repeating bronchoscopy after a week, proper scaring was seen, and a conservative approach was then applied.

Both patients were dismissed from ICU.

These pictures illustrate two severe, although rare, complications of intubation that were successfully managed with two different approaches.

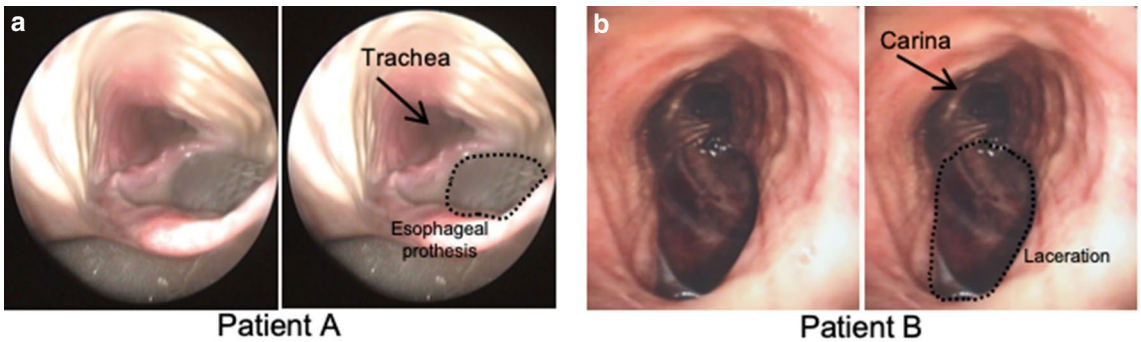

Fig. 1 Post-intubation tracheal laceration in **a** patient A and **b** patient B

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