Zwężenie podgłośniowe w ziarniniakowatości Wegenera – problem diagnostyczny i terapeutyczny
Subglottic stenosis in Wegener’s granulomatosis – a diagnostic and therapeutic problem

Małgorzata Wierzbicka, Wojciech Gawęcki, Tomasz Pastusiak, Witold Szyfter

SUMMARY
Wegener’s granulomatosis (WG) is a disease caused by necrotising vasculitis of small and middle blood vessels of upper and lowers respiratory tract and kidneys of unknown etiology. ENT symptoms develop in more than 90% of patients and tracheobronchial involvement occurs in about 20% of patients, most often as a subglottic stenosis. Subglottic stenosis occurs usually as a late complication of disease, but sometimes it may be an early isolated symptom. It is usually irregular, no longer than 2–4 cm and affects mucosa and submucosa but sometimes also cartilage. The diagnosis is based on clinical symptoms, X-ray of the chest, urine analysis, c-ANCA detection and histological examination of the granulation from the stenosis. The main treatment of subglottic stenosis in WG is a causal immunosuppressive treatment, however an equally important is a preservation of respiratory tract passage, because a dominant symptom in this form of WG is problem with breathing or even dyspnoea. In this publication basing on literature review different methods of treatment of laryngotracheal stenosis and its importance in WG are described and discussed. In literature presently less invasive operations are recommended. The treatment of choice is endoscopic treatment with repeated dilatations and injections of steroid into the stenosis. In big stenosis in immunologically active disease patient sometimes requires tracheotomy and after remission of disease and maturation of the subglottic scar laryngotracheal resection can be considered.

Hasła indeksowe: ziarniniakowatość Wegenera, zwężenie podgłośniowe
Key words: Wegener’s granulomatosis, subglottic stenosis