

## Background

Most tracheal tumors occur by direct invasion of lung and esophagus carcinomas; primary tracheal tumors are rare. More than half are squamous cell carcinoma (SCC), which have a worse prognosis. In unresectable SCC, concurrent chemoradiotherapy is the best option; 5-year survival rate is 7%.

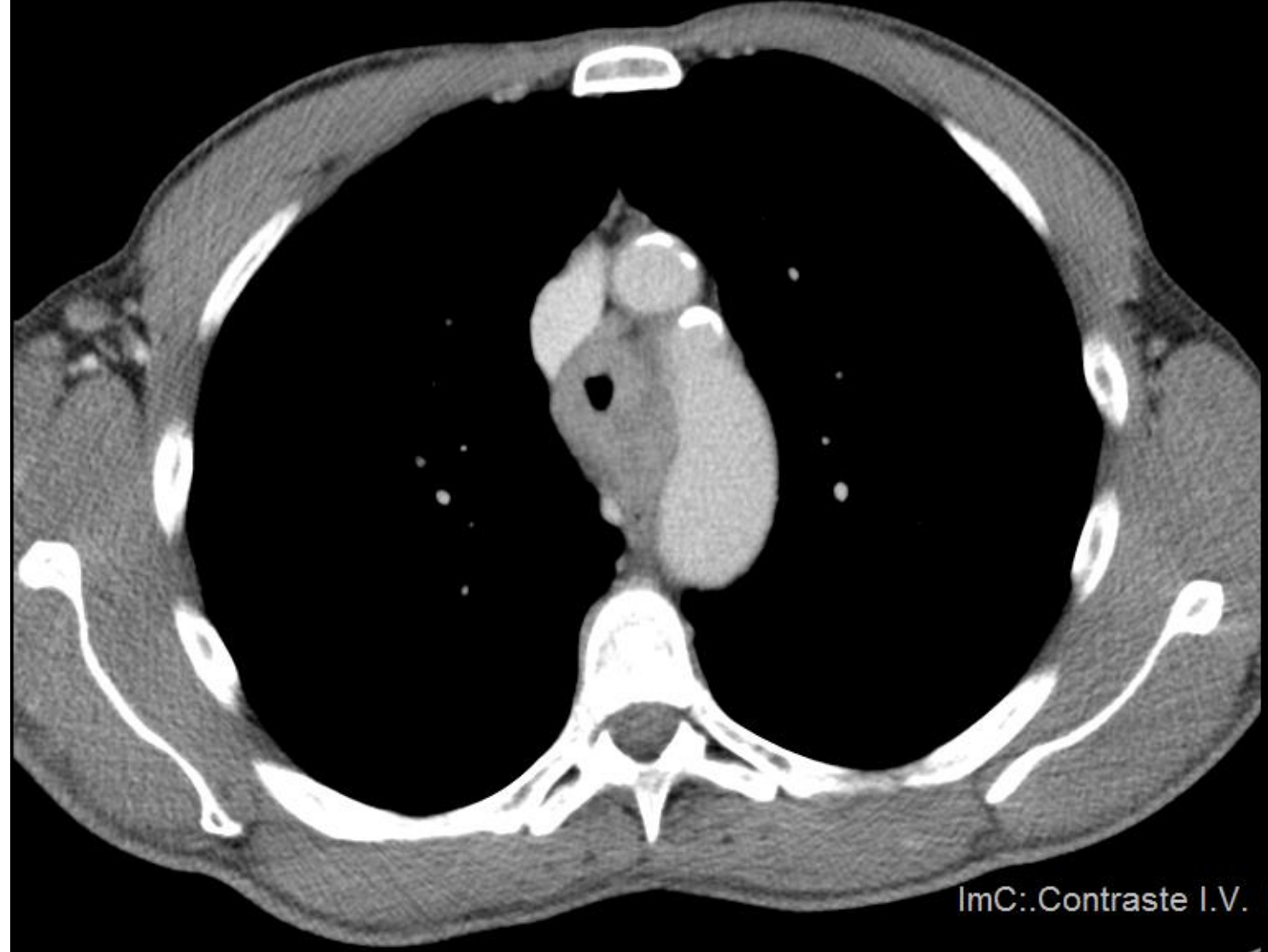
## Case report

**Emergency room - October/2016**

56 year-old man  
Smoker 40 pack-year  
Alcoholic chronic hepatitis

Dyspnea for 2 months  
Stridor


Thoracic CT: significant tracheal obstruction



Squamous cell carcinoma


Stage IIIB  
Chemoradiotherapy

Rigid bronchoscopy: tracheal occlusion of 80% by irregular mass, 8 cm above carina up to the emergence of LMB



After debulking with recanalization of 70%

Debulking repeated one week after started on RT



**September/2017**



**Radiation stenosis**

Complex stenosis - grade III  
5-6 mm caliber

Progressive dilations + local methylprednisolone

... with clinical improvement over 2 years

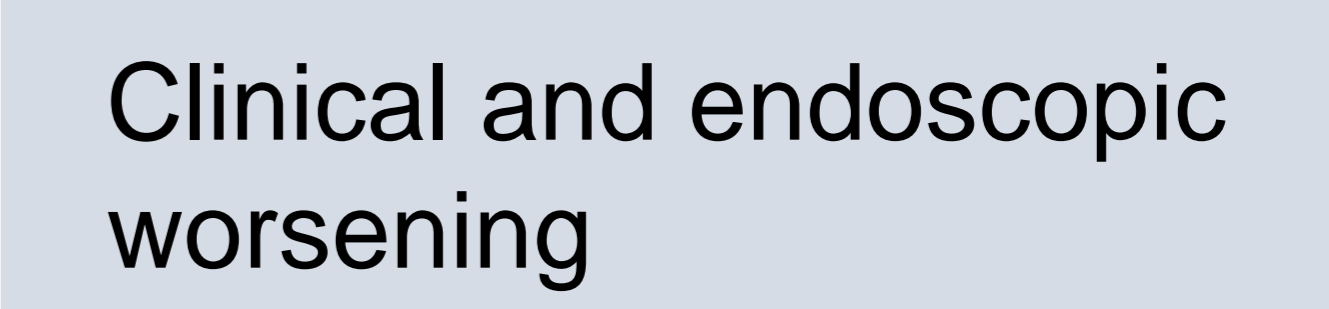
Biopsies and restaging **negatives**

**February/2020**

Clinical and endoscopic worsening

Surgical resection of 3 tracheal rings + end-to-end anastomosis

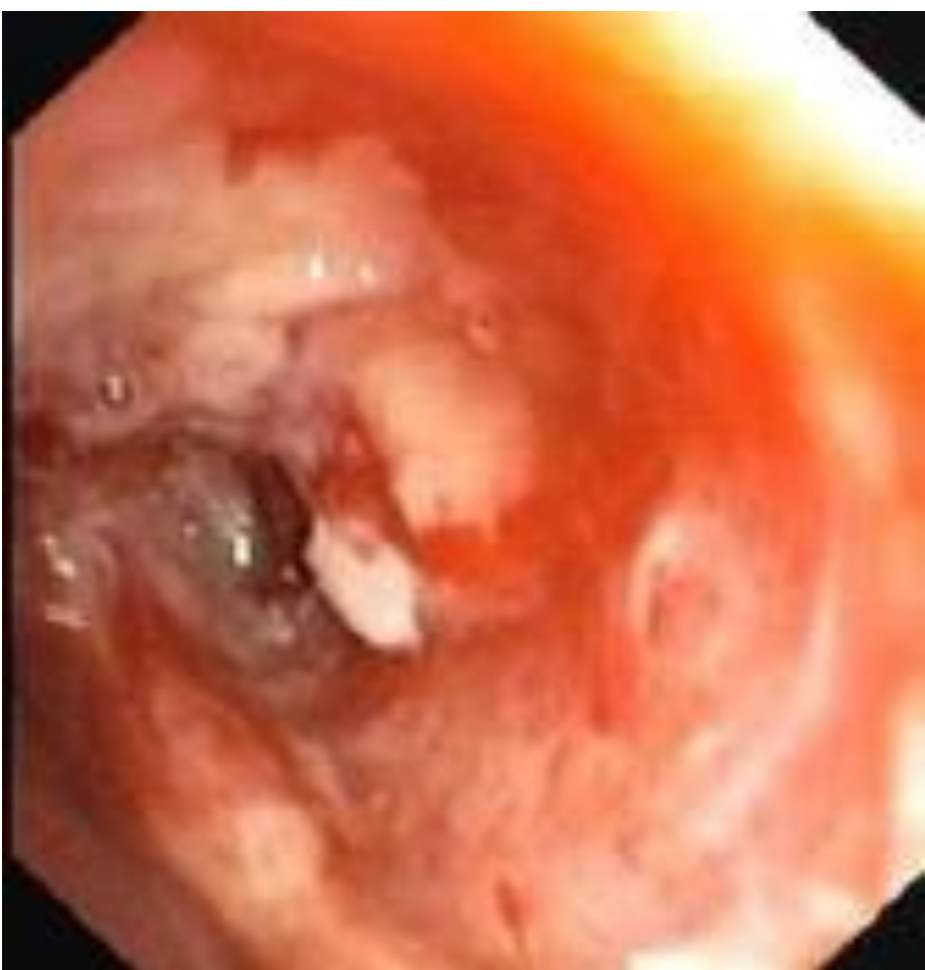


**March/2020**

Lung recurrence RULB

Unresectable SCC

Chemotherapy



**April/2021**

Worsening dyspnea



Bronchoscopy: anastomosis site with **simple web stenosis** with 3 mm lumen (biopsies negative)

**Benign stenosis at anastomosis site**

**May/2022**

Cut + progressive dilations + mitomycin

2022: second-line immunotherapy with partial response and dyspnea mMRC 1

## Conclusion

Our patient had multiple tracheal pathology from multiple etiologies over time: tumoral, sequelae from radiation and benign stenosis in the site of surgical intervention, requiring multicentric approach. Tracheal tumors are complex and require multidisciplinary discussion and treatment.