



Bronchoscopic Balloon Dilatation in Endobronchial Tuberculosis

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Background

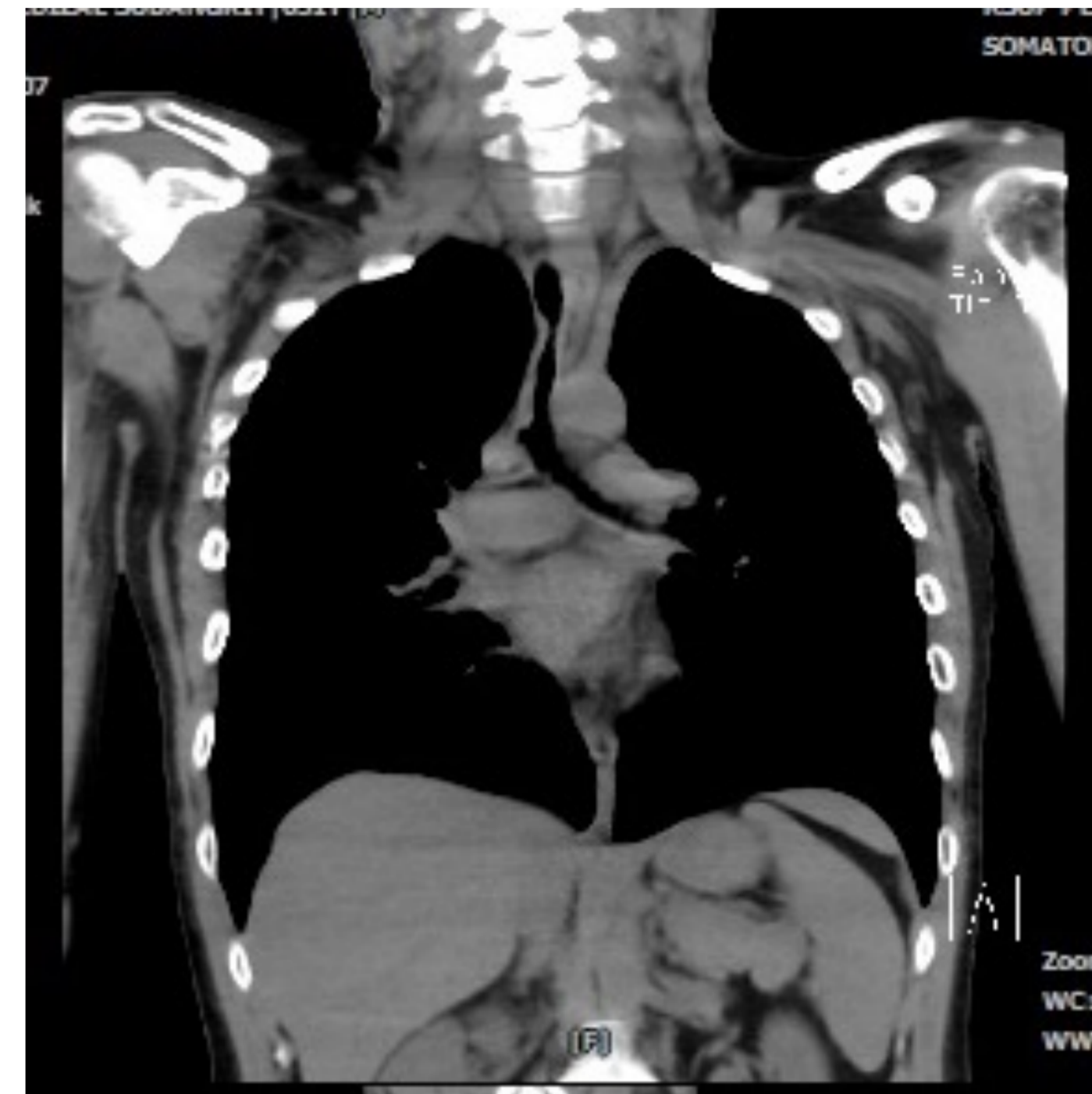
Balloon bronchoplasty is a procedure central to practice of interventional bronchoscopy. It is easily used with both flexible and rigid bronchoscopy. It may be used with fluoroscopic guidance over a guide wire or under direct vision. Balloon bronchoplasty is most commonly employed with high long term success for non-malignant causes of airway stenosis but it is also in malignant diseases. This technique is generally used in conjunction with other techniques. The balloon should be silicone based and able to provide radial force. The inflation syringe must have a pressure gauge and knowledge of burst pressure must be observed. Complications are generally mucosal tears and minor bleeding but rupture of major airways and vascular structures have been reported.

Case Reports

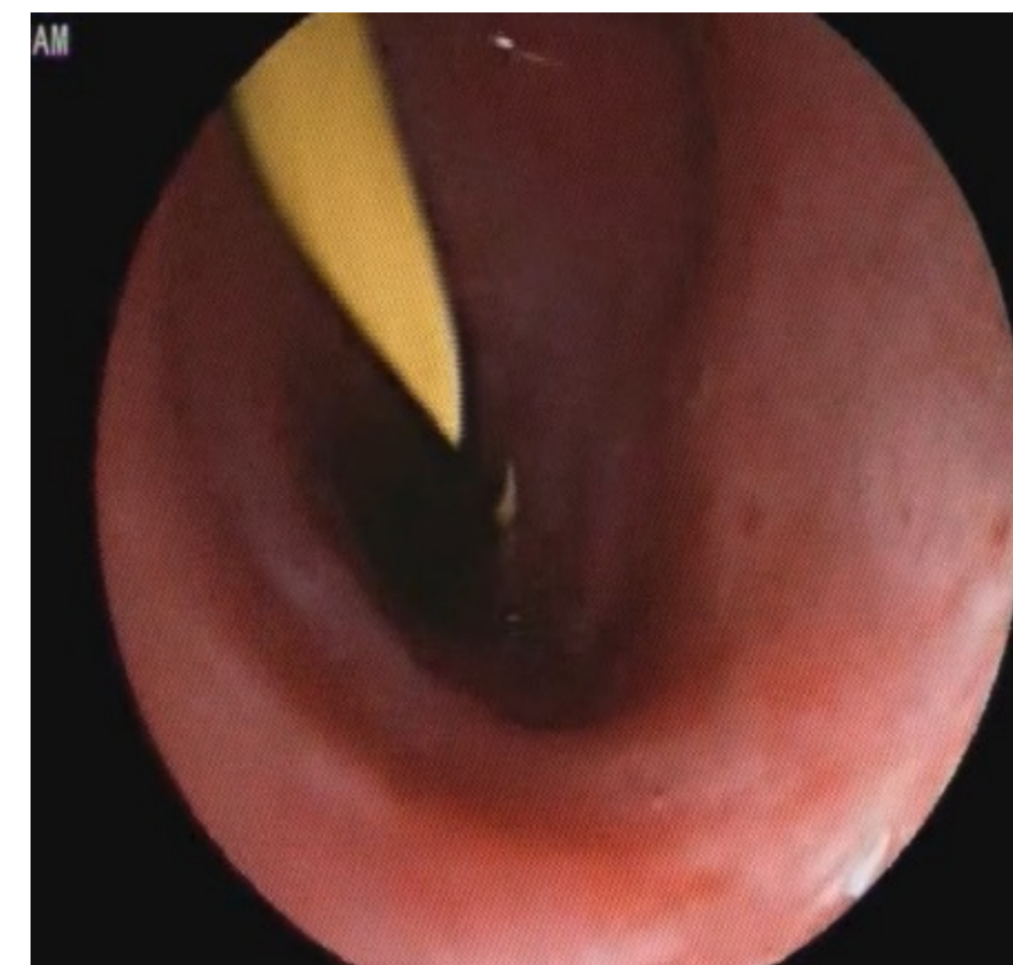
We report a case of a 20-year-old male with lung tuberculosis and stenosis distal of trachea and right main bronchus. Patient still under treatment with tuberculosis drugs for 8 months. Bronchoscopic balloon dilatation were done twice to dilate the stenosis of the right main bronchus. For the second performed the stenosis was dilated and bronchoscope can be passed. We used flexible bronchoscope under direct vision for this procedure with no complications.

Conclusion

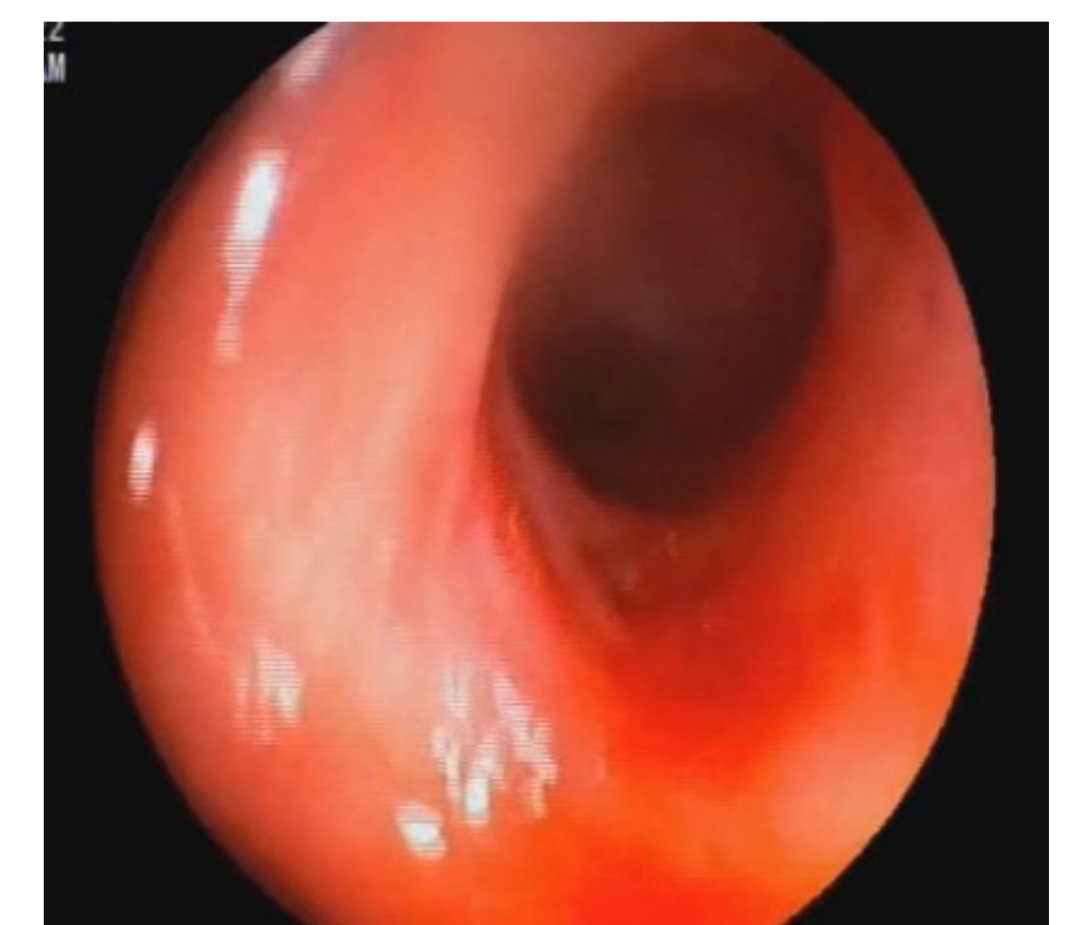
Bronchoscopic balloon dilatation using flexible bronchoscopy under direct vision was useful in airway stenosis due to tuberculosis with no complications and safe.



CT scan thorax. Stenosis a long distal tracheal.



Balloon dilatation procedure. Begin with inserting a wire as a guide of balloon. Balloon inserted to airway and dilated according to the protocol.



Right main bronchus stenosis due to tuberculosis before balloon dilatation and after balloon dilatation.

References

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4. Int J Infect Dis. 2017;64:27-37.