Introduction:
There are many possible post-tracheostomy late complications with both percutaneous and surgical techniques (peristomal bleeding, granulomas, tracheomalacia, tracheal stenosis) [1]. The purpose of our retrospective study is to define the prevalence of these complications by comparing the two techniques.

Methods:
60 tracheostomized adult patients (pcs) were divided into 2 groups: group A (percutaneous dilatation technique according to Ciaglia) group B (surgical technique), followed for 4 years (2016-2019), cuffed cannulae, cannula change every 60 days at home, tracheofibroscopic control in Intensive Care Unit (ICU). The results were expressed as a percentage of prevalence and subsequently comparing the two groups.

Results:
30 pcs in group A and 30 pcs in group B. 1440 home tracheostomy cannula replacements, 240 tracheofibroscopy performed in ICU. In group A: 56% had peristomal bleeding, 36% external peristomal granulomas, 16% intra-tracheal granulomas, 6% tracheomalacia. In group B: 23% had peristomal bleeding, 16% external peristomal granulomas, 33% intra tracheal granulomas, 13% tracheomalacia, 3% tracheal stenosis.

Conclusion:
Peristomal bleeding resolved independently. The external granulomas were treated with silver nitrate for a month. Intra-tracheal granulomas were treated with laser therapy. Tracheomalacia and tracheal stenosis resolved by placing a reinforced cannula with variable flange under bronchoscopic guidance. Comparing the two groups it emerged that the percutaneous dilatative technique has fewer serious late complications (intra tracheal granulomas, tracheomalacia, tracheal stenosis) than the surgical technique.

References: