INTRODUCTION
Throughout the last few decades, laryngotracheal stenosis (LTS) has assumed a notorious position in the field of otolaryngology pathology.

METHODS
A retrospective analysis from January 1997 to December 2006 was conducted. Twelve patients were included in the series, with the diagnosis of subglottic and tracheal stenosis consequent to tracheal intubation or tracheostomy. The stenotic region was evaluated both endoscopically and by computed tomography or magnetic resonance imaging. Every patient was submitted to laryngotracheal resection (LTR) with primary anastomosis (thyrotracheal, cricotracheal or tracheal).

Surgical Technique
LTR with primary anastomosis was performed according to the technique described by Grillo and Pearson.6

RESULTS
The study included 12 patients (9 men and 3 women), aged 15-79 years old. Prolonged tracheal intubation was the leading cause of stenosis (11 patients). Stenosis were classified according to Meyers & Cotton grading system (grades I to IV).

early complications

Late complications

Exudation

Restenosis

Granulation tissue

Atelectasy

Dehiscence

Dehiscence or restenosis

Mortality

CONCLUSIONS
Laryngotracheal stenosis remains as one of the most common complications after tracheal intubation. Currently the procedure of choice in the management of this pathology is the resection of the stenotic segment with primary anastomosis. This type of surgical approach presents encouraging results associated to a minimum morbidity. In this series the success rate was of 92%, outcome that is analogous to other published series.