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**Shallow Tonsillar Fossa Could Prevent Secondary Post-tonsillectomy Haemorrhage**

Secondary post-tonsillectomy bleeding is significantly correlated to the size of the tonsillar fossa remained after excision of the tonsils

2-

**Post-intubation Subglottic Stenosis**

Diagnosis and measurements of post-intubation subglottic stenosis

3-

**Cervical tracheal resection with cricotracheal anastomosis: experience in adults with grade III-IV tracheal stenosis**

Introduction: Laryngotracheal stenosis is currently one of the most common complications associated with nasal and orotracheal intubation and tracheotomy. Once established, tracheal stenosis can be a complex and difficult problem to manage.

Patients and methods: We retrospectively analysed 2004-2010 data for 12 male patients with postintubation cervical tracheal stenosis (grade III-IV) treated in the otolaryngology department, Mansoura University Hospitals. All patients had a tracheostomy at presentation, and all underwent tracheal resection with primary cricotracheal anastomosis and suprahypoid release.

Results: Grade III stenosis was present in five patients (41.7 per cent) and grade IV stenosis in seven patients (58.3 per cent). The length of trachea resected ranged from 2 to 4 cm, representing one to four tracheal rings. In all 12 patients, the procedure allowed successful tracheotomy decannulation. Minor complications comprised surgical emphysema (n=2) and wound infection (n=1), and were managed conservatively. Major complications consisted of restenosis (n=3), managed in two patients by repeated dilatation; one patient was lost to follow up.

Conclusion: Segmental tracheal resection with cricotracheal anastomosis was successful in 11/12 (92 per cent) patients with severe cervical tracheal stenosis. The strategy for treatment of airway stenosis is now well established and success rates are high, with minimal or no sequelae.