

ANNEXE 5 : TECHNIQUES DISPONIBLES POUR LA PRISE EN CHARGE DES OBSTRUCTIONS MALIGNES DES VOIES AERIENNES CENTRALES

TECHNIQUE	ANESTHESIE	PRINCIPE	INDICATIONS	AVANTAGES	INCONVENIENTS
Désobstruction mécanique	Générale	Réssection avec le bronchoscope et les pinces	Lésions endobronchiques proximales, peu hémorragiques	Rapide Coût	20% de complications sévères (saignements, perforations)
Laser	Anesthésie générale et bronchoscopie rigide recommandées, sauf sténoses et procédures	Pulsations dans l'axe bronchique à 30-50 W Fibroscopie souple ou rigide	Obstructions proximales sévères endobronchiques ou mixtes	Efficacité immédiate et prolongée Peu de complications	Coût Perforation Fistules broncho-vasculaires
Thermo-coagulation –argon plasma (CAP)	Anesthésie générale et bronchoscopie rigide recommandées, sauf sténoses limitées et procédures courtes	Courant électrique haute fréquence +/- jet de gaz argon	Obstructions proximales endobronchiques ou mixte	Efficacité immédiate Coût Risque de perforation faible CAP : lésions étendues et hémorragiques	Cicatrisation fibreuse avec sténose bronchique si traitement circonférentiel
Cryothérapie	Anesthésie générale et bronchoscopie rigide recommandées, sauf sténoses limitées et procédures courtes	Détente de protoxyde d'azote Cycles rapides de gel et lents de dégel	Obstruction non critique	Coût Technique simple Pas de risque de perforation Efficacité prolongée Action synergique avec la chimio	Effet retardé Nécessité d'une fibro aspiration à distance
Photothérapie dynamique	Anesthésie générale et bronchoscopie rigide recommandée, sauf sténoses limitées et procédures courtes	Activation d'un photosensibilisant par une source lumineuse	Obstruction non critique	Contrôle des symptômes (hémoptysies) Efficacité prolongée	Technique contraignante Effet retardé Rétention de matériel tumoral → fibro aspi Phototoxicité
Stent silicone	Générale	Utilisation d'un pousse prothèse inséré dans le bronchoscope rigide	Compressions extrinsèques ou mixtes	Bonne tolérance Peu de granulome ni de lésions muco-ciliaires ischémiques Retrait facile	Altération de la clairance Risque de migration (compression extrinsèque + +)
Stent métallique	Anesthésie générale et bronchoscopie rigide recommandées	Auto-expansive A l'aide d'un guide sous contrôle radiologique ou au bronchoscope rigide Fibroscopie souple ou rigide	2 ^{nde} intention, sauf si lésions très nécrotiques ou distorsion importante	Pose facile Utilisation fibro souple possible Respect de la clairance muco-ciliaire	Complications fréquentes : granulome, perforations Retrait difficile

Tableau 2 - Techniques disponibles pour la prise en charge des obstructions malignes des voies aériennes centrales, d'après (132)



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