

## Multi-Modality Treatment of Supraglottic Stenosis Secondary to Laryngeal Pemphigus: Sharing Experience in UiTM

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Supraglottic stenosis is a rare subsite of laryngotracheal stenosis. In the literature, the common causes of supraglottic stenosis are radiation therapy or autoimmune disease. We present an experience in dealing with supraglottic stenosis secondary to laryngeal pemphigus.

This is a case of a 36-year-old lady with supraglottic stenosis secondary to laryngeal pemphigus. She presented to our clinic with shortness of breath and mild stridor mainly on exertion. An office-based procedure of trans-nasal scope-guided with serial intralesional steroid injections (SILSI) using single-use Olympus Injector Force Injection Needles Max 23G, was done which halted the progression of the disease. Eventually, balloon dilatation under jet ventilation was performed to widen the size of the stenosis and reduce the symptoms. Dilatation was performed using CRE PRO Wire-guided balloon dilatation catheter from size 8mm to 12mm with respective pressure applied for about 2 minutes without interruption of spontaneous breathing, oxygenation, or ventilation. Incision of stenosis segment with micro scissor was performed in between balloon dilatation and the procedure was completed with intralesional steroid injections. Upon follow-up, we noted clinical improvement of the stenosis as well as the patient's health perception as measured by EQ-5D-5L.

Patients with supraglottic stenosis usually need tracheostomy for breathing. This multimodality treatment might be required to treat supraglottic stenosis. Endoscopic treatment can result in favourable outcomes for the patient without needing a tracheostomy.

**Keywords:** Supraglottic stenosis, Intralesional steroid injection, Balloon dilatation

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