
Discussion

Lower socioeconomic status has been accepted to be linked to worse chronic health outcomes independently to severity of disease. Cultural factors can influence the communication between physicians and patient resulting in underestimated symptom intensities and a low alarm of life-threatening status [1-2].

Malignant central airway obstruction represents a silent and progressive airway obstruction for 20-30% of patients with primary lung cancer until to result in life-threatening disease [3].

The misperception of dyspnoea can lead the delayed seeking of medical care and increasing access to intensive care if it is not correctly evaluated.

Endotracheal intubation represents the “gold standard” for securing airway in patient with malignant airway obstruction although definitive airway control can be re-established with urgent rigid bronchoscopy. Rigid bronchoscopy intervention with mechanical debulking represents the main procedure to rapidly securing airway patency in patient with life-threatening dyspnoea from central airways obstruction.

In our cases, the impact of emergency rigid bronchoscopy on acute ventilator distress was technically successful, although withdrawal from mechanical ventilation was different from each other. This date reflects the pulmonary functional status as independent risk factors for mortality in lung cancer patients undergone prolonged mechanical ventilation [4]. Multiple variables as weakness of the respiratory muscle, reduced compliance of the chest wall and the loss of the elastic properties of the lung can influence the weaning from mechanical ventilation making useless endoscopic airway recanalization [5].

Conclusions

In this case report, two lower social class patients underwent emergency rigid bronchoscopy for acute malignant airway obstruction have been reported. Despite the best management different outcome was observed and the following conclusions will be observed:

Lower social class can affect the communication between physicians and patient resulting in underestimated symptom intensities;

Acute respiratory failure can be a thunderbolt in malignant airway obstruction;

Emergency rigid bronchoscopy can restore airway patency in patient with life-threatening dyspnoea from central airways obstruction but it can affect the outcome in patient undergoing mechanical ventilation.

References

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