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Current solutions for long-segment tracheal reconstruction

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This article is a continuation of previous reviews about the appropriate method for long-segment tracheal reconstruction. We tattempted to cover the most recent, successful and promising results of the different solutions for reconstruction that were rather innovative and suitable for imminent clinical application. Latest efforts to minimize the limitations associated with each method have been covered as well. In summary, autologous and allogenic tissue reconstruction of the trachea have been successful methods for reconstruction experimentally and clinically. Autologous tissues were best utilized clinically to enhance revascularization, whether as a definitive airway or as an adjunct to allografts or tissue engineered trachea. Allogenic tissue transplantation is currently, the most suitable for clinical application, especially after elimination of the need for immunosuppressive therapy with unlimited supply of tissues. Similar results have been reported in many studies that used tissue engineered trachea. However, clinical application of this method was limited to use as a salvage treatment in a few studies with promising results. These results still need to be solidified by further clinical and long term follow up reports. Combining different methods of reconstruction was often required to establish a physiological rather than an anatomical trachea and showed superior outcomes.

Biography

Ahmed A Abouarab is a member of the Royal College of Surgeons of England, has completed his graduation in Medicine from Cairo University School and completed his Residency in Cardiothoracic Surgery from Military Medical Complex at Maadi in Cairo, Egypt. In 2014, he started working as a Clinical Research Fellow at the Cardiothoracic Surgery department at the University of Alabama at Birmingham. In 2015, he was certified as a General Surgery Specialist by the Egyptian Medical Syndicate, an ATLS® instructor by the American College of Surgeons, and by the ECFMG®, Educational Commission for Foreign Medical Graduates.

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