



서울아산병원
Asan Medical Center



정신 의학 연구 지원 서울아산병원



Cryotherapy for Central Airway Lesions focusing on Cryoextraction

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Department of Pulmonary and Critical Care Medicine
Asan Medical Center

Contents

- 1. Introduction – Cryotherapy**
- 2. Cryotherapy for benign central airway lesions**
- 3. Cryotherapy for malignant central airway lesions**

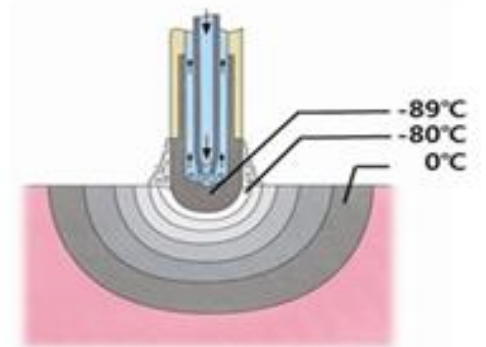
Introduction - Cryotherapy

- **Cryotherapy**

빠른 동결 속도(faster freeze rate)와 느린 융해 속도(slower thaw rate), 동결-융해 주기(freeze-thaw cycle)의 반복을 통하여 세포를 파괴하는 기관지 내시경 치료

- Cryotherapy: 병변에 대해 freezing/thawing cycle을 반복하여 조직 괴사를 유도

- Cryoextraction/recannalization: cyoprobe에 냉각되어 있는 조직을 pulling out하면서 제거



Introduction - Cryotherapy

- Equipment: Cryogen + Cryomachine

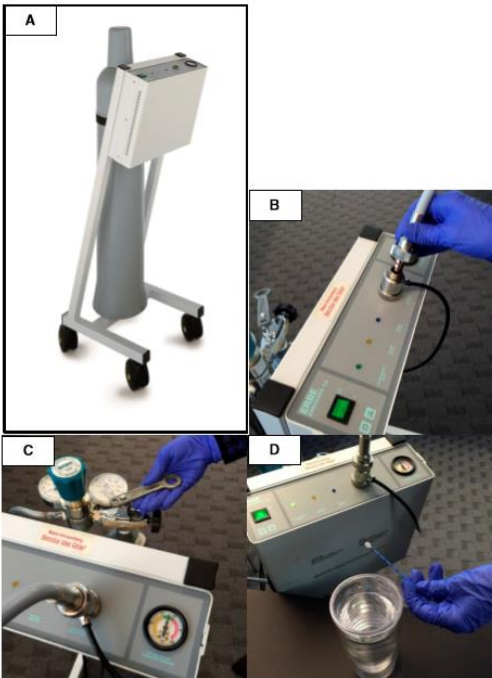


Figure 1. ERBOKRYO CA cryomachine (Erbe, Tubingen, Germany). (A) The cryogen is stored in the compressed tank held in the center of the machine. (B) The flexible cryoprobe connects the cryoprobe to the cryogen via a connection adapter. (C) The cylinder valve is then opened to allow the compressed gas to enter the machine via the transfer line. (D) The flow of cryogen is controlled using the footswitch. Depressing the pedal will allow freezing. Reprinted with permission from Erbe USA Inc.

	1세대(ERBECRYO®)	2세대 (ERBECRYO2®)
Cryogen	N ₂ O	CO ₂
Size of Probe	1.9 / 2.4 mm	1.1 / 1.7 / 2.4 mm
Thaw rate	Slow	Fast

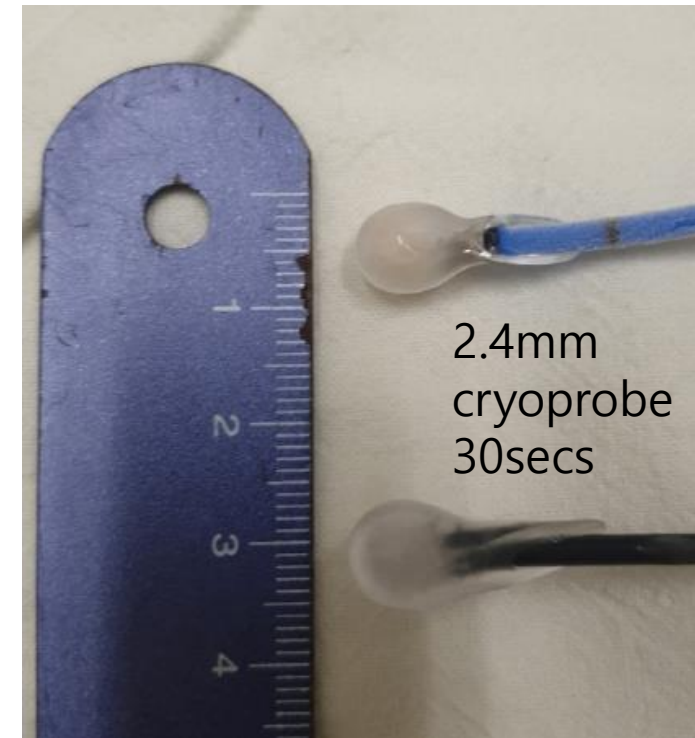


- Provided by ERBE®

Introduction - Cryotherapy

- 일반적으로 3 mm 굵기의 cryoprobe를 사용할 경우 파괴되는 크기는 대략 직경 1 cm, 깊이는 대략 3 mm 정도로 보고됨

- 기관지내시경 교과서, 대한결핵및호흡기학회, 2019

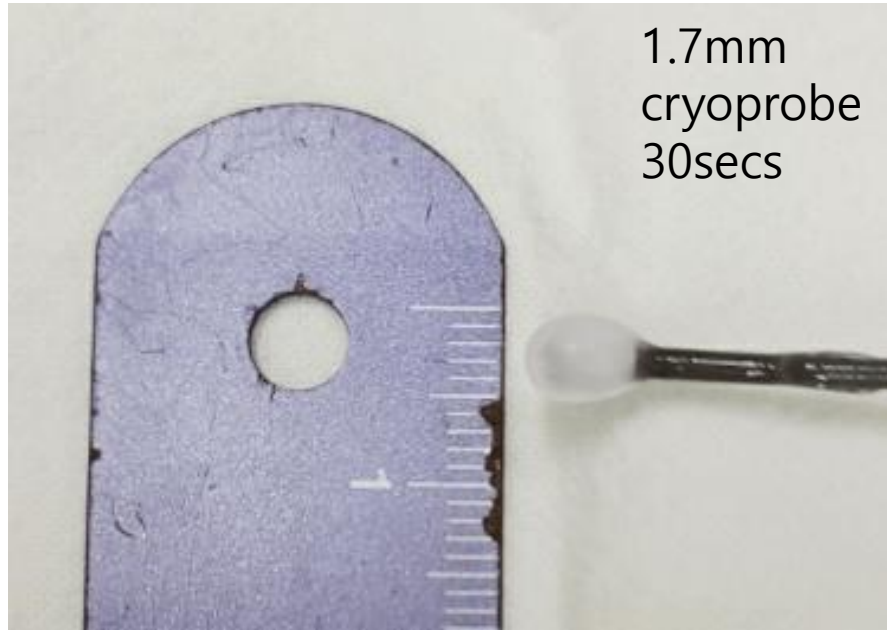


Introduction - Cryotherapy

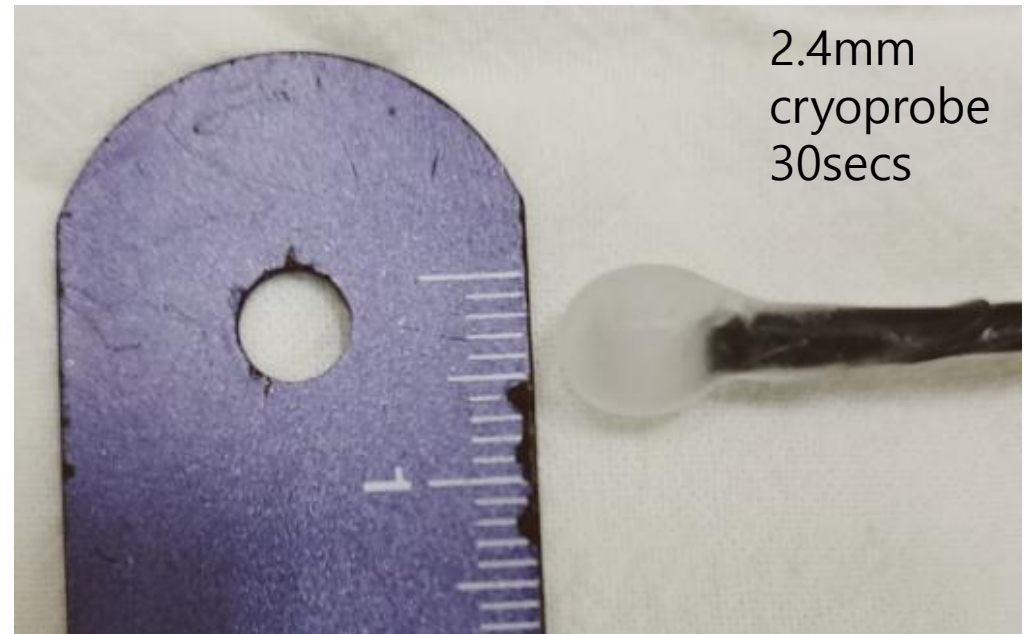


1.7mm cryoprobe

2.4mm cryoprobe



1.7mm
cryoprobe
30secs



2.4mm
cryoprobe
30secs

Cryotherapy for benign central airway lesions

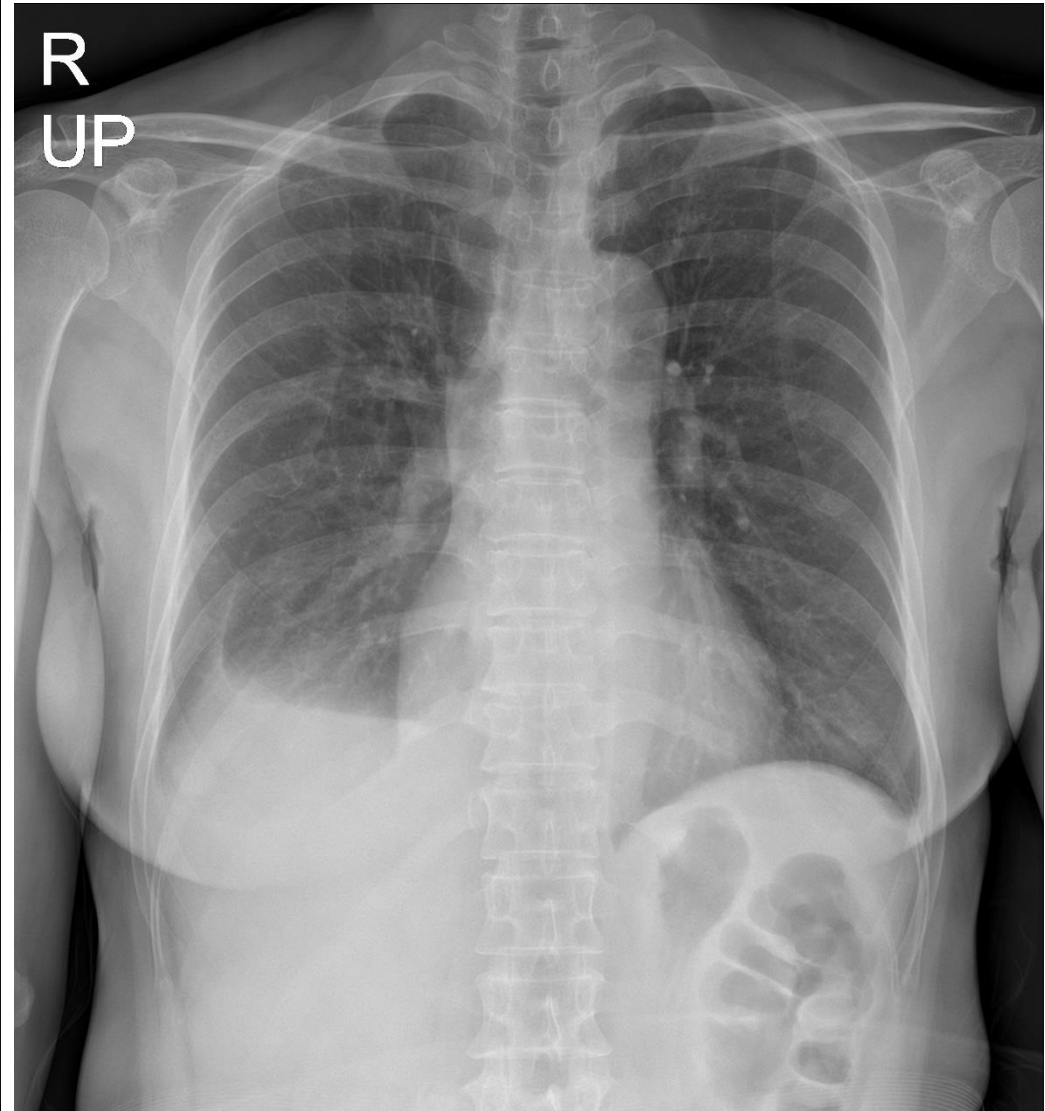
Cryotherapy for benign lesions

- **Endobronchial foreign body removal**
 - **Foreign body**
 - **Broncholith**
 - **Blood clot**
- **Post intubation stenosis (combined with laser or alone)**
- **Low grade / Benign endobronchial tumor**

Case1 – Foreign body removal

- 56/F, Foreign body aspiration (4 days ago)
- 내원 4일전 삼겹살쌈 먹던 중 기도에 걸린느낌 발생 후 호흡곤란 및 기침 발현
- 내원 3일전 발열 동반되어 연고지 병원 방문, 기관지내시경 시도 하였으나 제거 실패 및 distal airway로 밀려들어가는 양상 및 출혈 동반되어 본원 내원

Case1 – chest PA

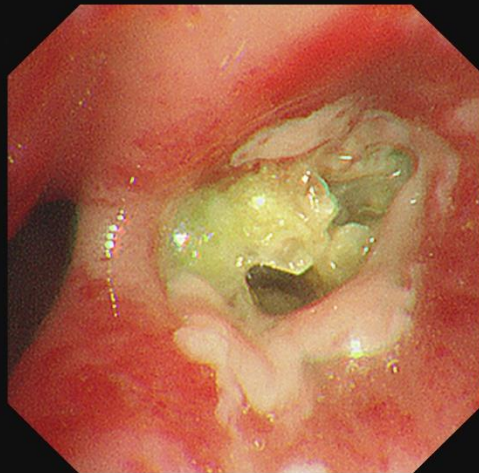


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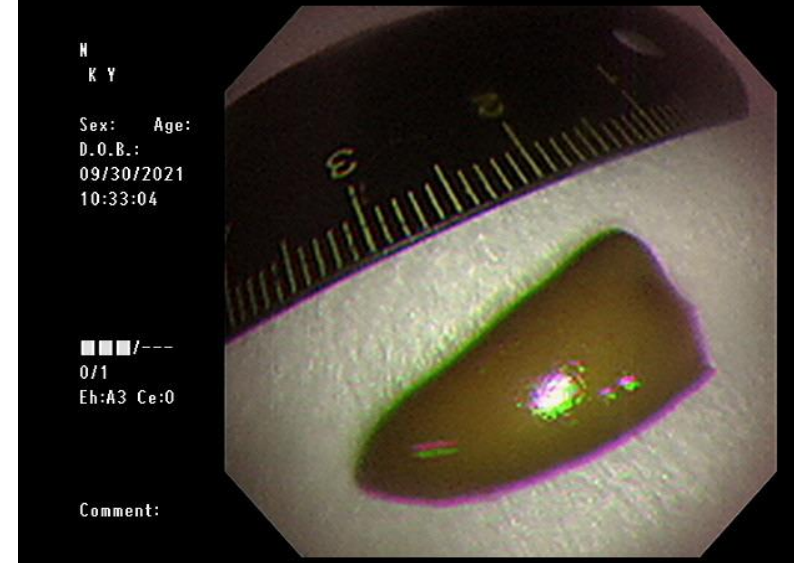
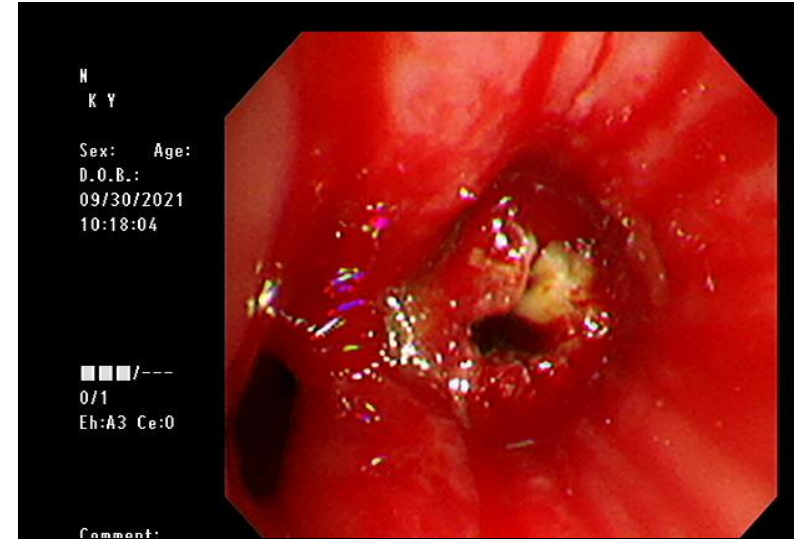
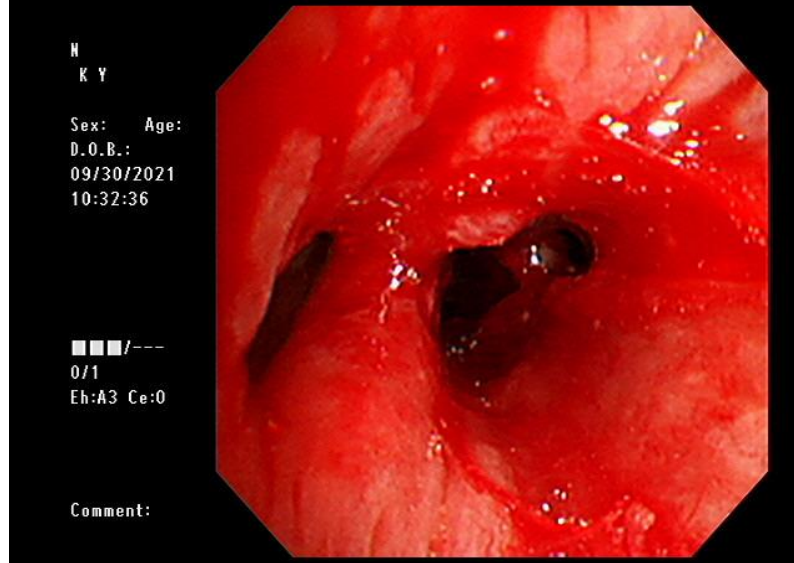
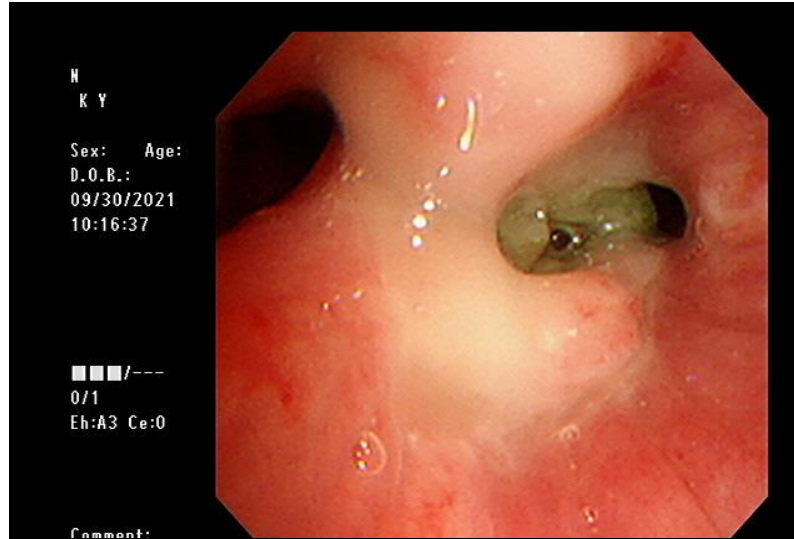
■■■■/■■■■(0/1)
Eh:A7 Ce:0

BF-1TQ290
Scope size: 5.9/6.0
Channel: 3.0
Serial No.: 2021825

SW1: Freeze
SW2: US Freeze
SW3: Enhancement
SW4: NBI
SW5: Dual Focus



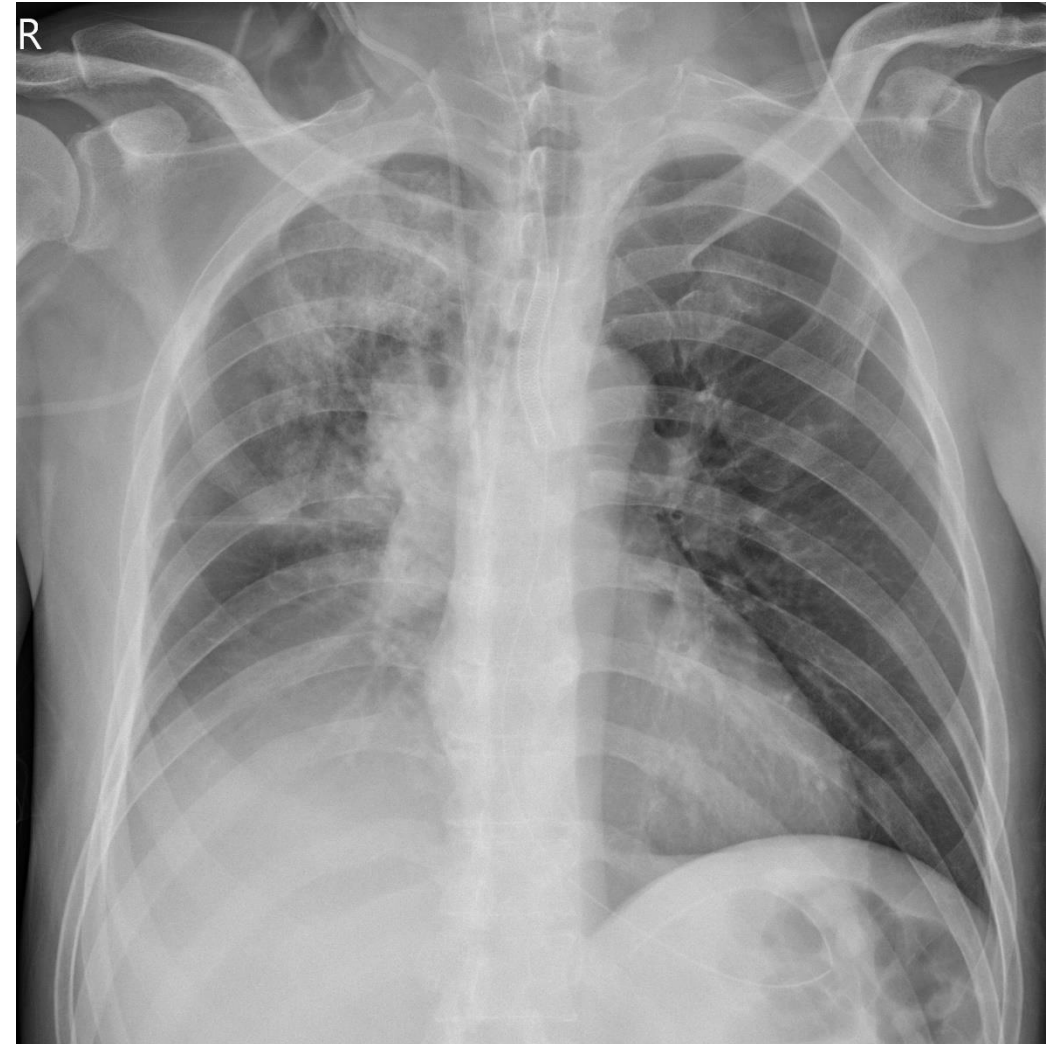
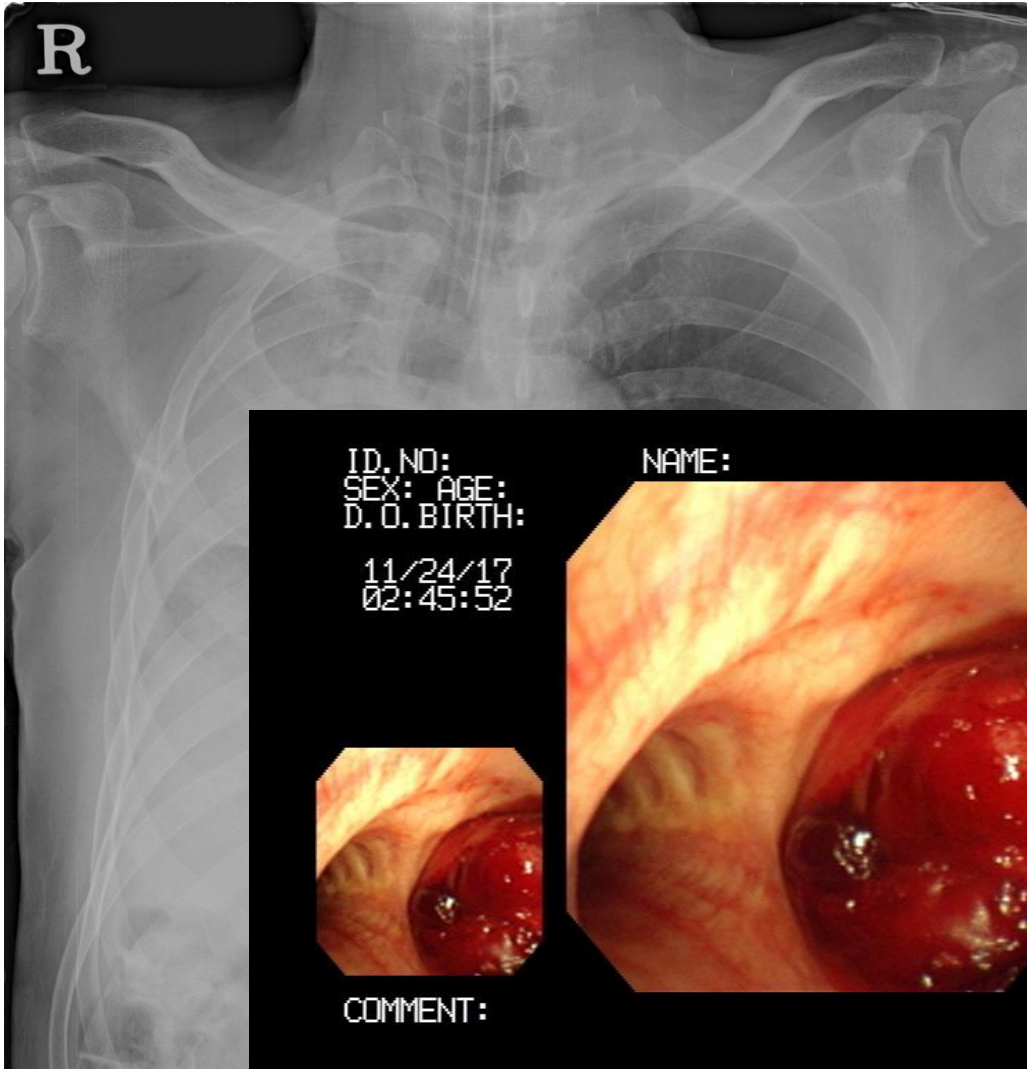
Case1 – Cryoextraction



Case2 – Blood clot removal

- 53/M, Hemoptysis (6 days ago)
- RCC로 97년도 Lt. radical nephrectomy 시행
- 16년 1월 RCC recur로 종양내과 추적 및 항암치료 중
- 내원 6일전부터 객혈 발생하여 악화 되는 양상으로 ER 내원
- ER 방문 후 respiratory failure로 intubation 후 ICU 입실

Case2 – Cryoextraction



ID. NO:
SEX: AGE:
D. O. BIRTH:
11/24/17
02:45:52

NAME:

COMMENT:

Cryotherapy for benign lesions

- Post intubation stenosis (cryotherapy alone)

INTERNAL MEDICINE

□ CASE REPORT □

Recurred Post-intubation Tracheal Stenosis Treated with Bronchoscopic Cryotherapy

Ye-Ryung Jung, Joon Taek Jeong, Myoung Kyu Lee, Sang-Ha Kim, Suk Joong Yong, Seok Jeong Lee and Won-Yeon Lee

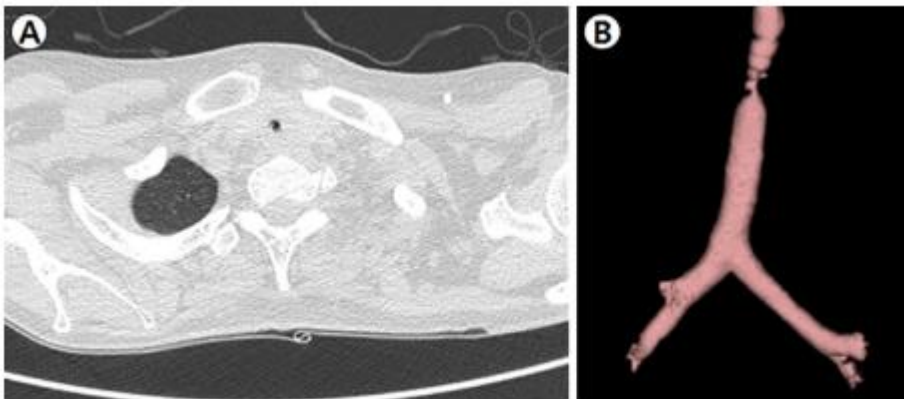
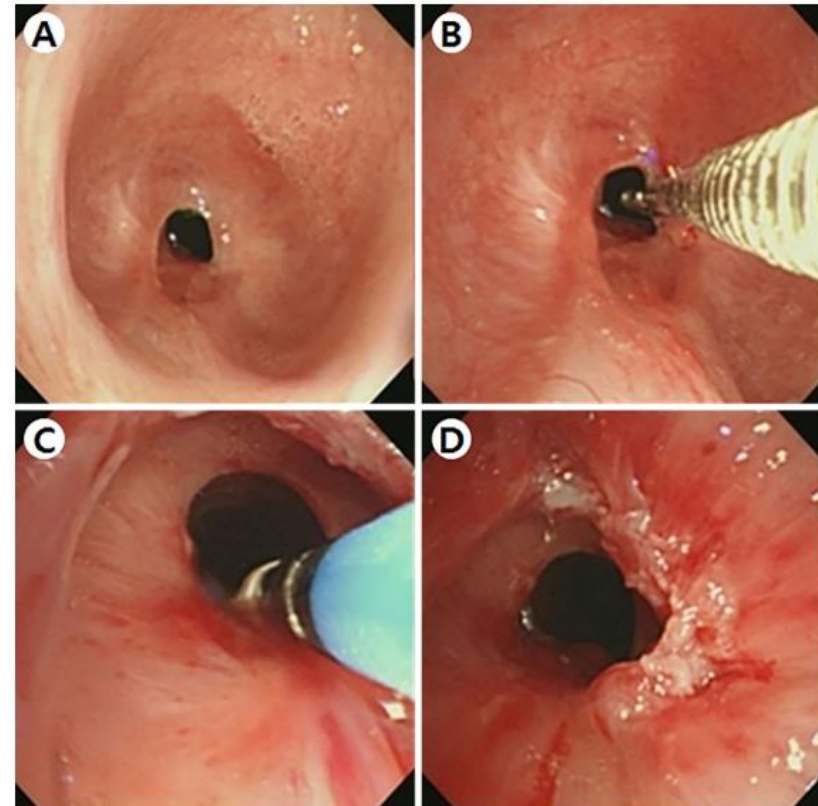


Figure 1. (A, B) Initial tracheal computed tomography shows luminal narrowing of the trachea where the narrowest diameter=3.8 mm.



Cryotherapy for benign lesions

- **Post intubation subglottic stenosis (combined with laser)**

ORIGINAL ARTICLE

WILEY

Effective treatment of post-intubation subglottic stenosis in children with holmium laser therapy and cryotherapy via flexible bronchoscopy

Anxia Jiao^{1,2*} | Fang Liu^{1,2*} | Andrew D. Lerner³ | Xiaochun Rao^{1,2} | Yan Guo^{2,4} | Chenfang Meng^{1,2} | Yuena Pan^{1,2}
Gan Li^{1,2} | Zheng Li⁵ | Fang Wang⁶ | Jing Zhao^{7,8} | Yuyan Ma^{1,2} | Xicheng Liu^{1,2} | Xin Ni^{7,8} | Kunling Shen^{2,4}


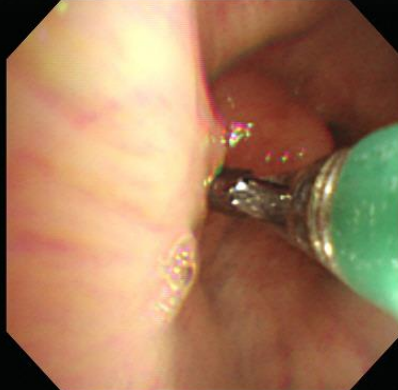
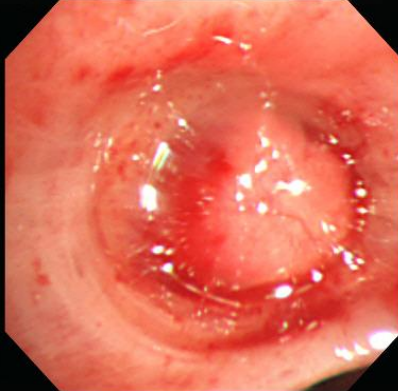
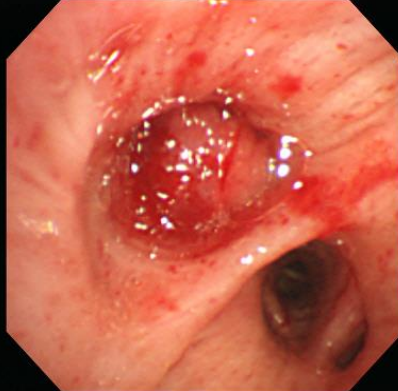
- **Prospective, single center, Beijing**
- **July 2014 ~ Dec 2016**
- **Holmium laser + Cryotherapy**
- **Success rate: 93.8% (15/16)**
- **Average number of procedures: 4.88**

Case3 – Benign tumor

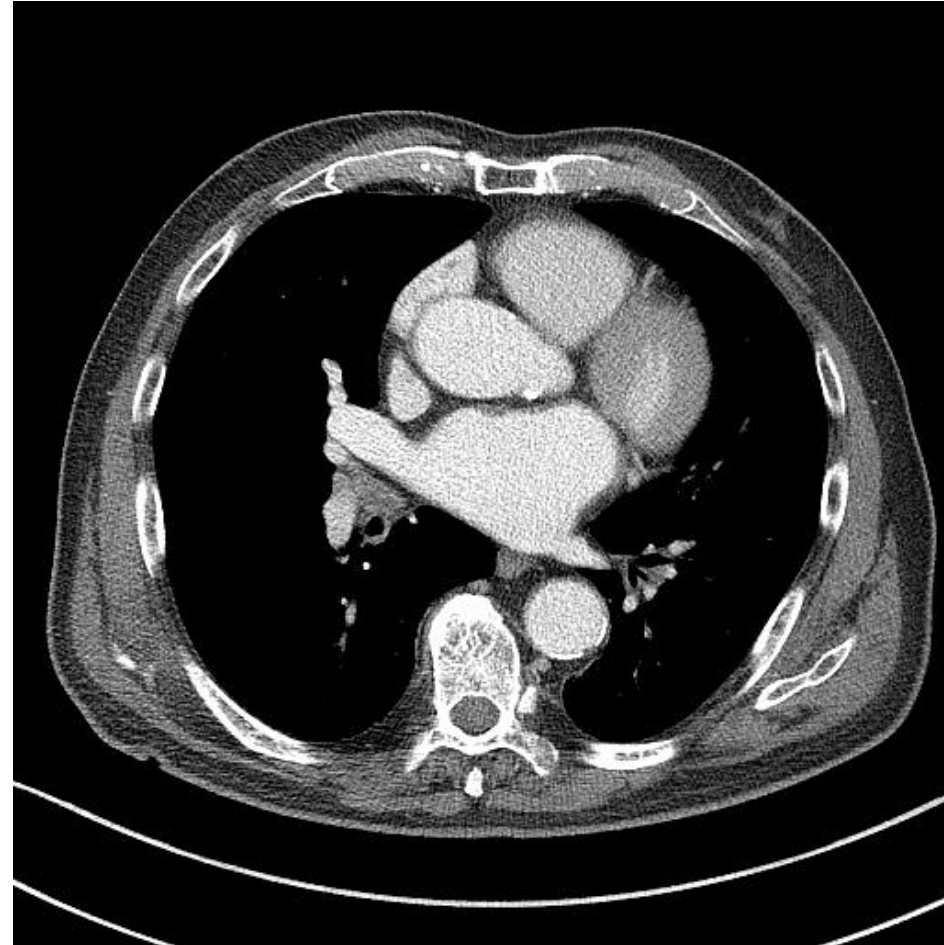
- 77/M, RML atelectasis (incidental finding)
- 내원 2개월전 타원에서 수술 전 시행한 흉부 X-ray에서 이상소견으로 시행한 chest CT에서 RML endobronchial lesion 및 동반된 atelectasis 소견으로 타원에서 기관지경 검사 및 조직검사 시행 Lipoma로 진단
- RML endobronchial mass 제거 위하여 본원 내원함

Case3 – chest PA, outside BFS

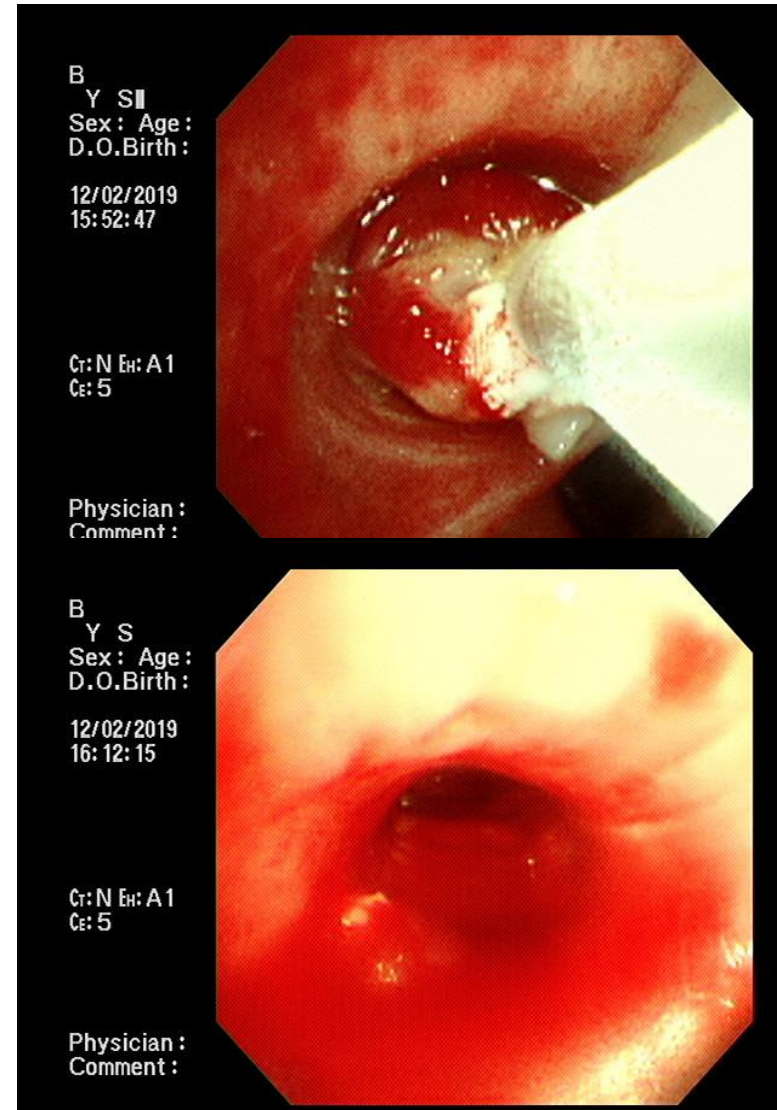
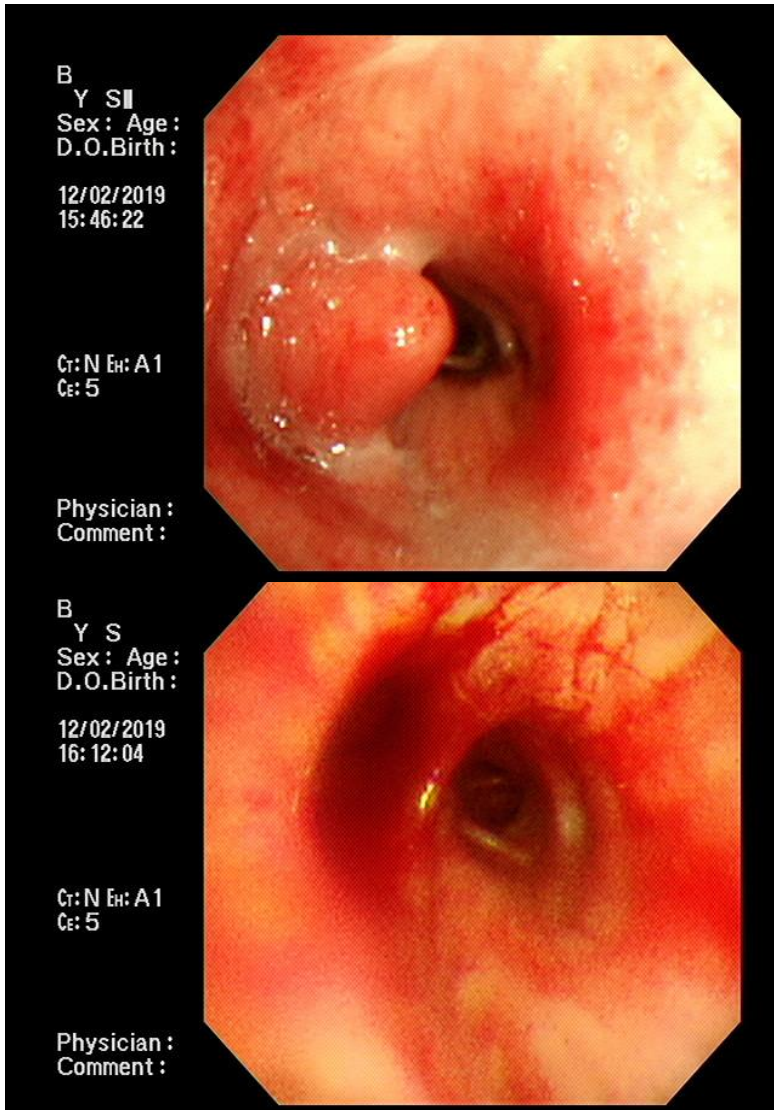


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ID No. : ■ Sex : Age : D. O. Birth : 04/01/2002 00:41:17 SCV: 1 Gr:N Eh:A1 Physician : Comment :	Name : 	ID No. : ■ Sex : Age : D. O. Birth : 04/01/2002 00:42:19 SCV: 1 Gr:N Eh:A1 Physician : Comment :	Name : 

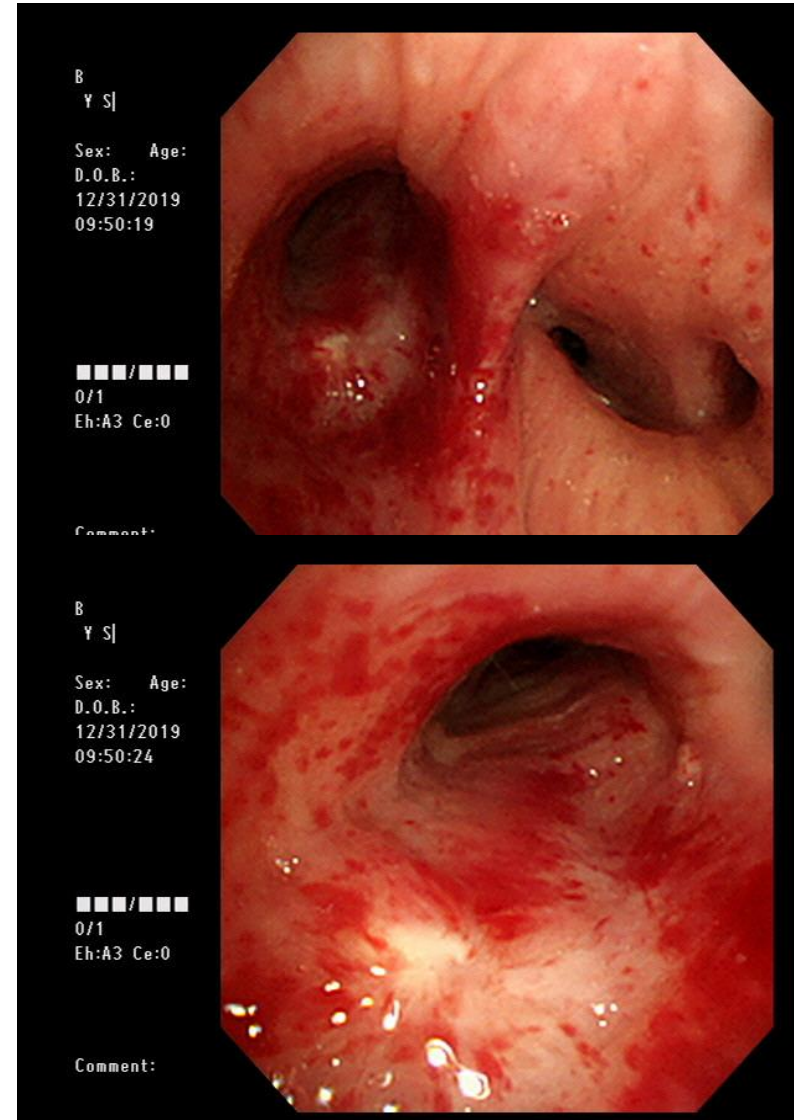
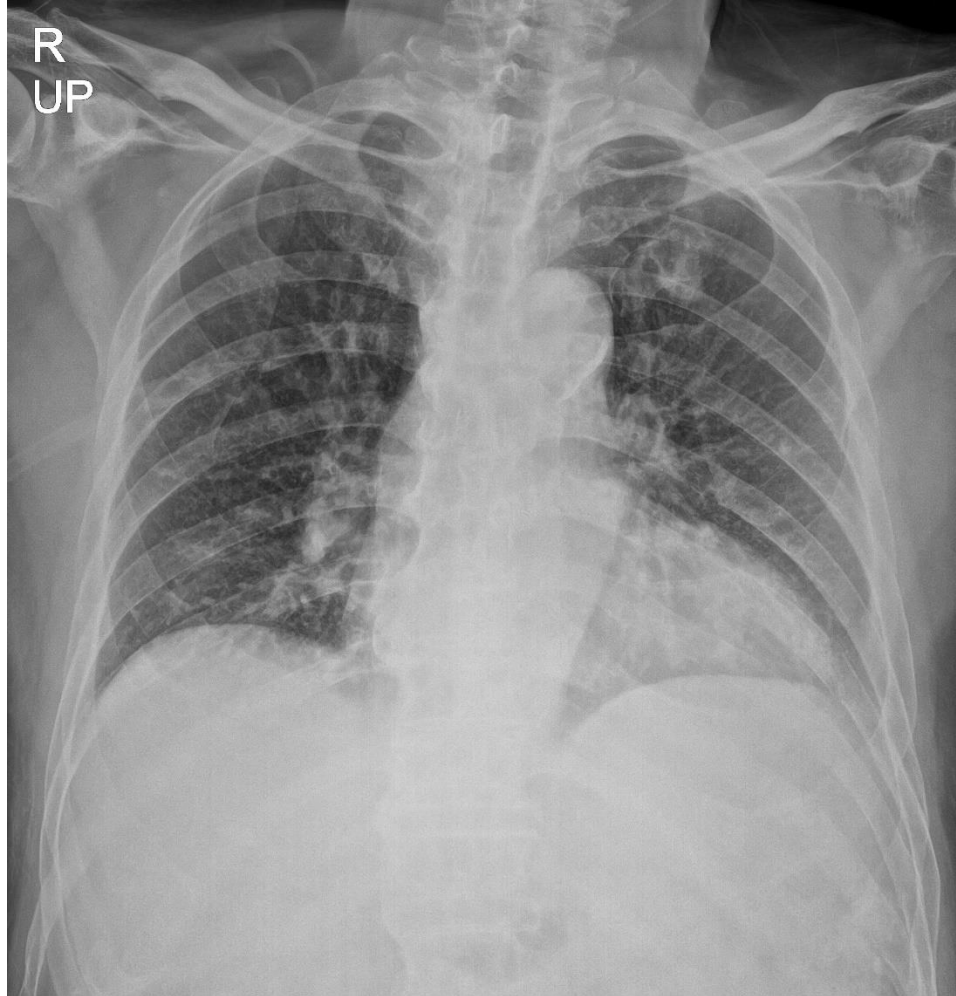
Case3 – chest CT



Case3 – Cryoextraction



Case3 – chest PA, f/u BFS (4 wks)



Cryotherapy in malignant Central airway lesions

Cryotherapy in malignant lesions

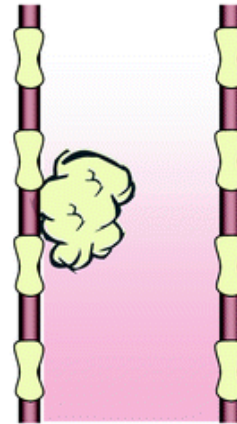
- **Treatment of superficial endobronchial malignancy**
- **Palliation of central airway obstruction (CAO) in advanced malignancy**

Classification of MCAO

- Intrinsic (endoluminal)
- Extrinsic (extraluminal)
- Mixed

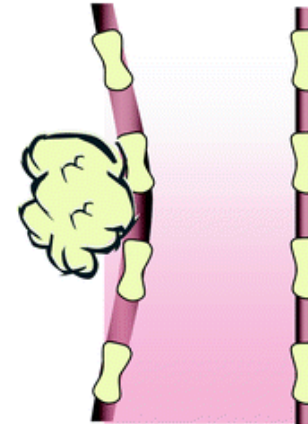
→ Impact on therapeutic approach

Intrinsic Stenosis



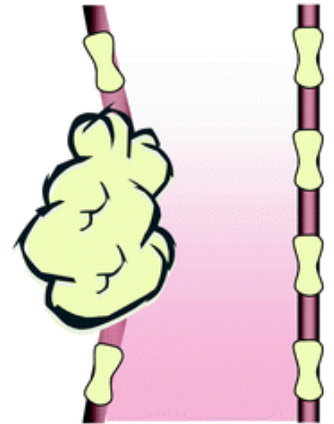
Purely endoluminal tumor without breach of the cartilage

Extrinsic Stenosis



Extra-luminal tumor causing mass effect but no endoluminal involvement

Mixed Stenosis

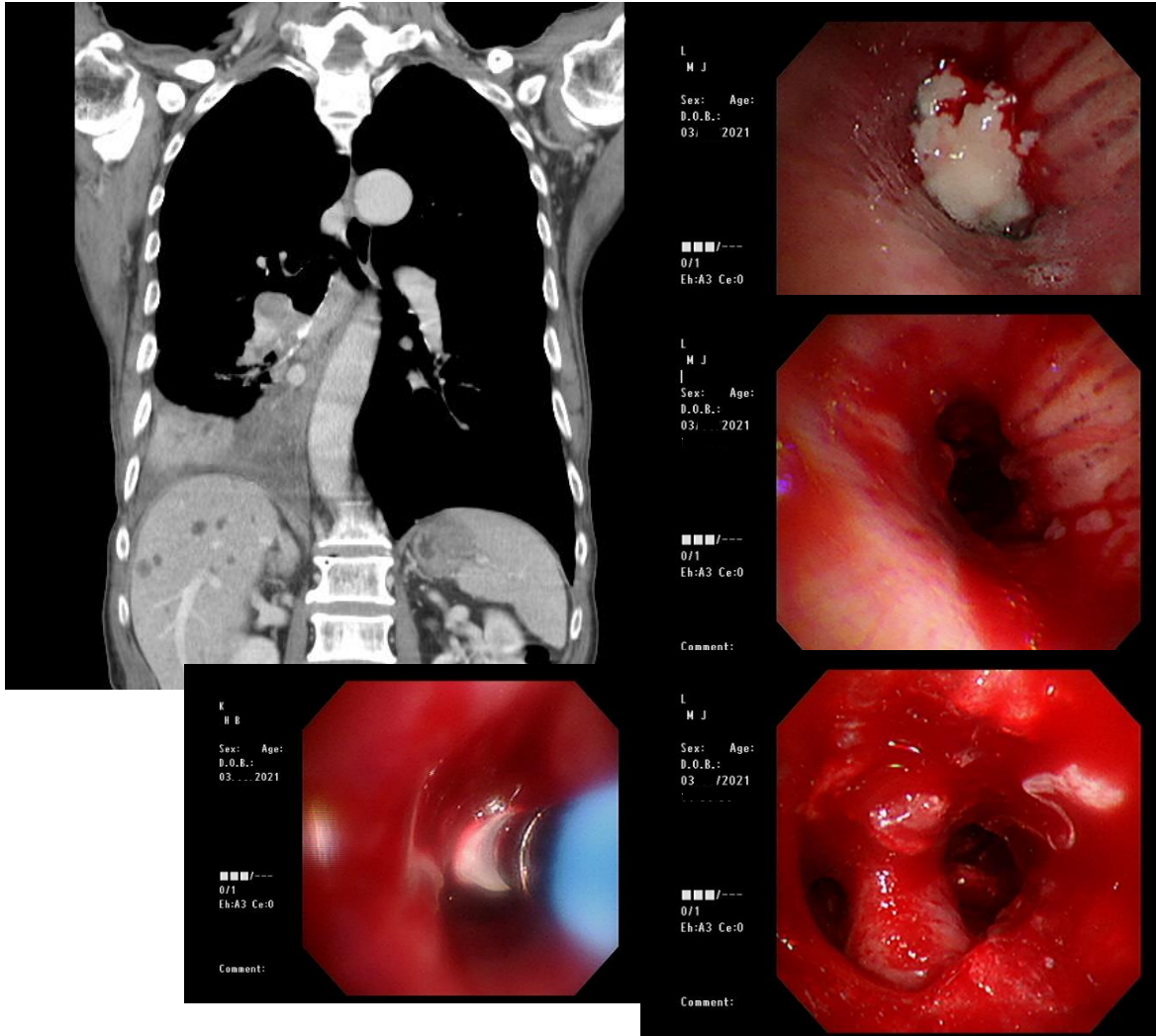


Extra-luminal tumor causing mass effect and endoluminal involvement

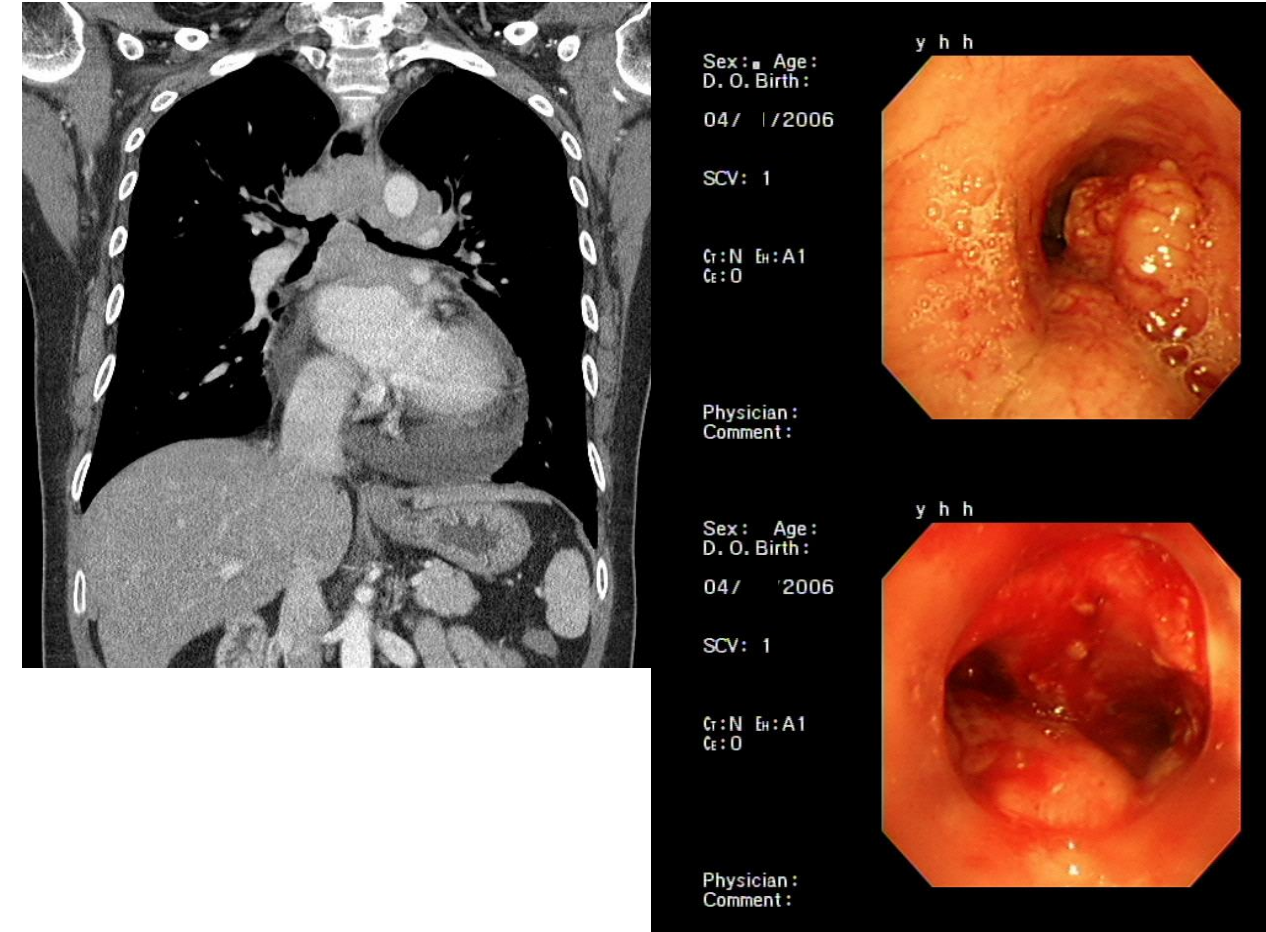
Laser & debridement	+++	-	++
Stent	±	+++	++

AMC Cases

- Intrinsic : 70s/M NSCLC, SqCC



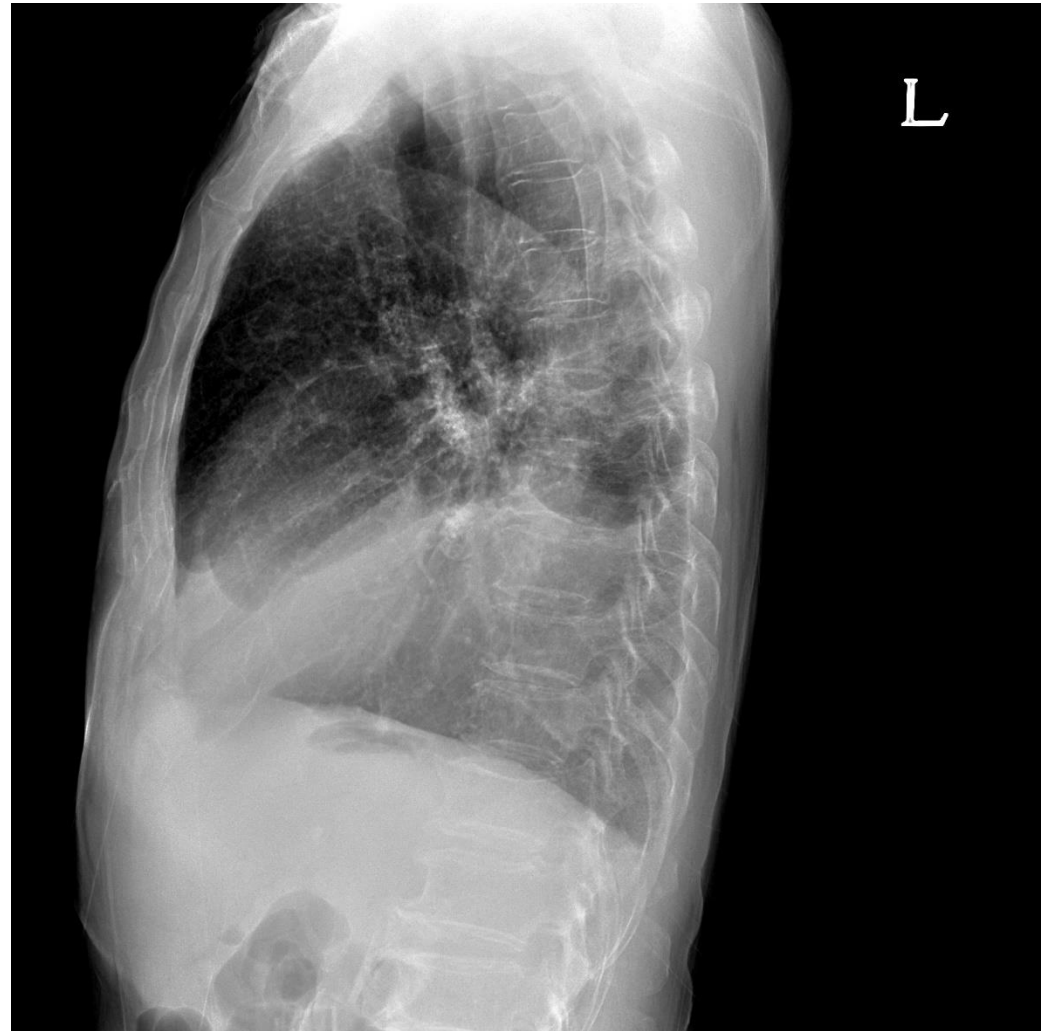
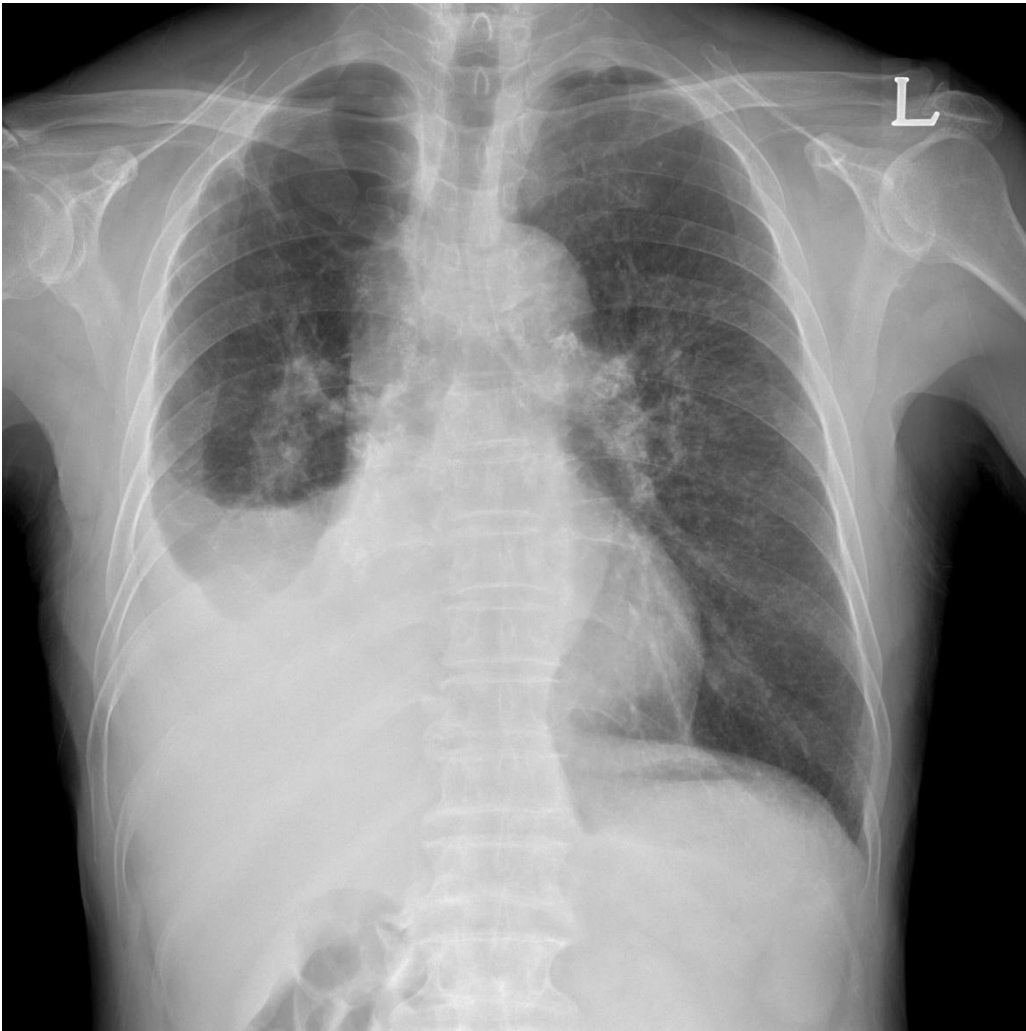
- Mixed : 50s/F recurred NSCLC, SqCC



Case4 - MCAO

- 71/M, RLL atelectasis with pleural effusion
- 기저 pneumoconiosis로 연고지 병원에서 f/u 하던 분으로
- 내원 1주전 시행한 chest CT에서 RBI endobronchial mass와 RML, RLL atelectasis 소견으로 F/E위해 내원함

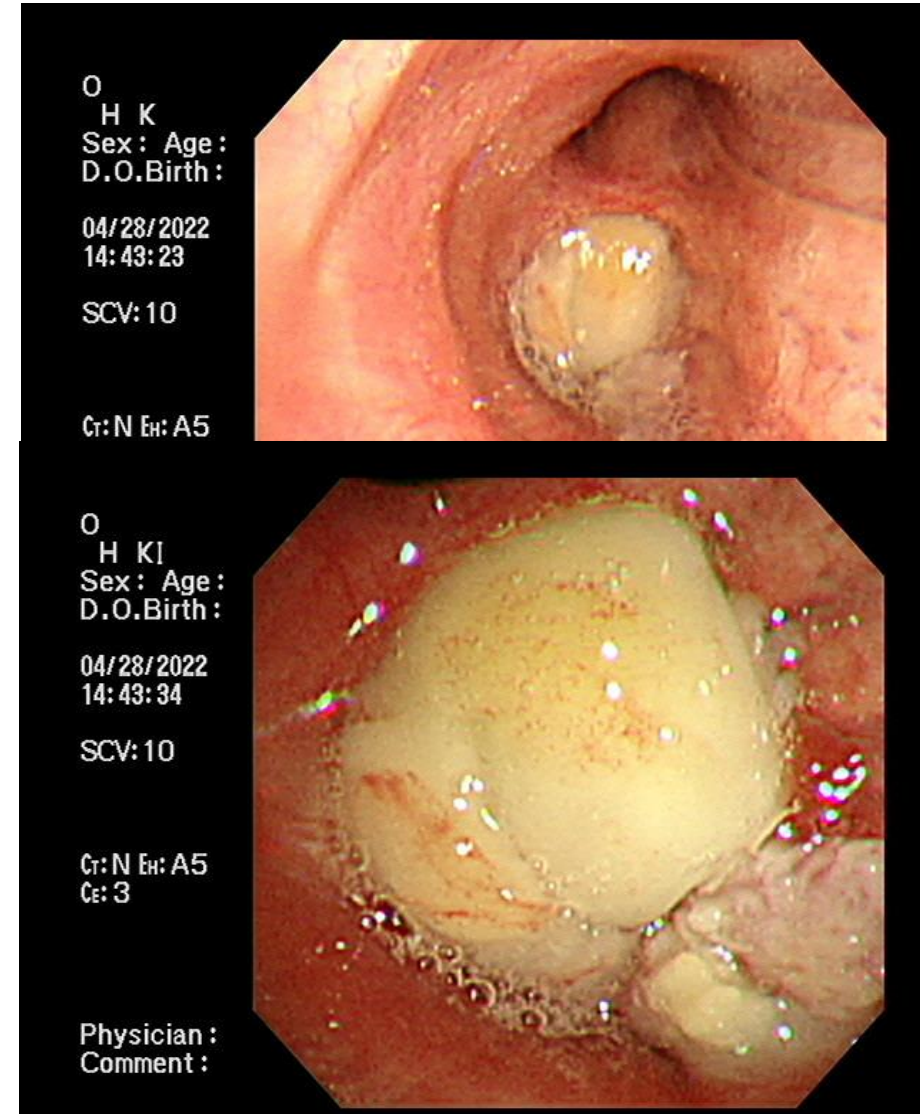
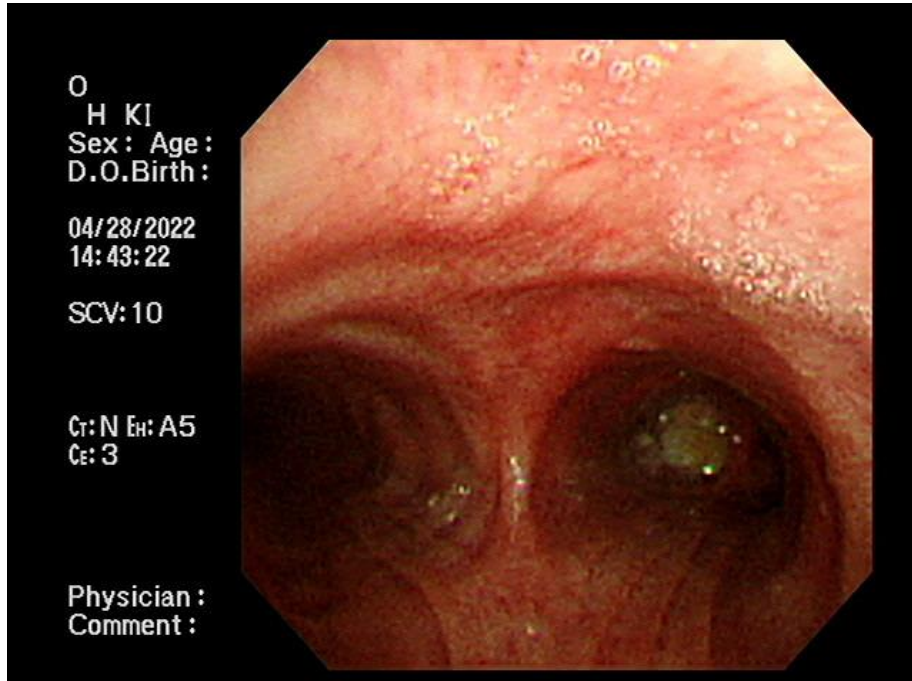
Case4 – chest PA



Case4 – chest CT

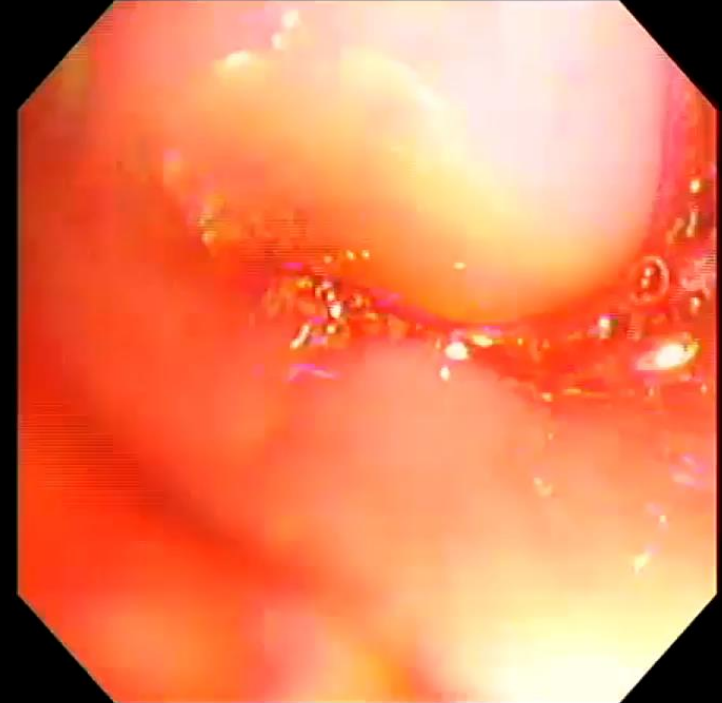


Case4 – Cryorecannalization



Case – cryotherapy

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H K
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D.O.Birth:
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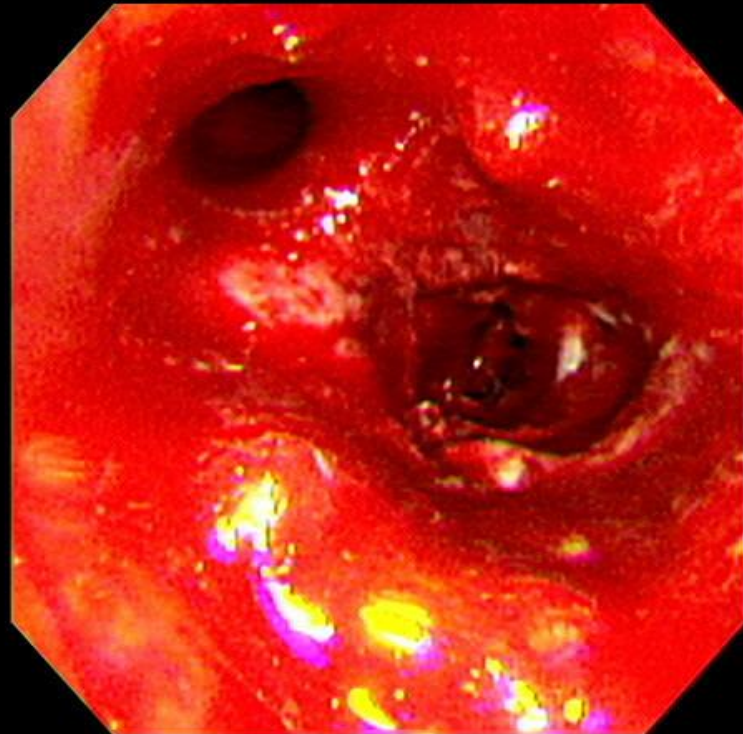


O
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SCV: 10

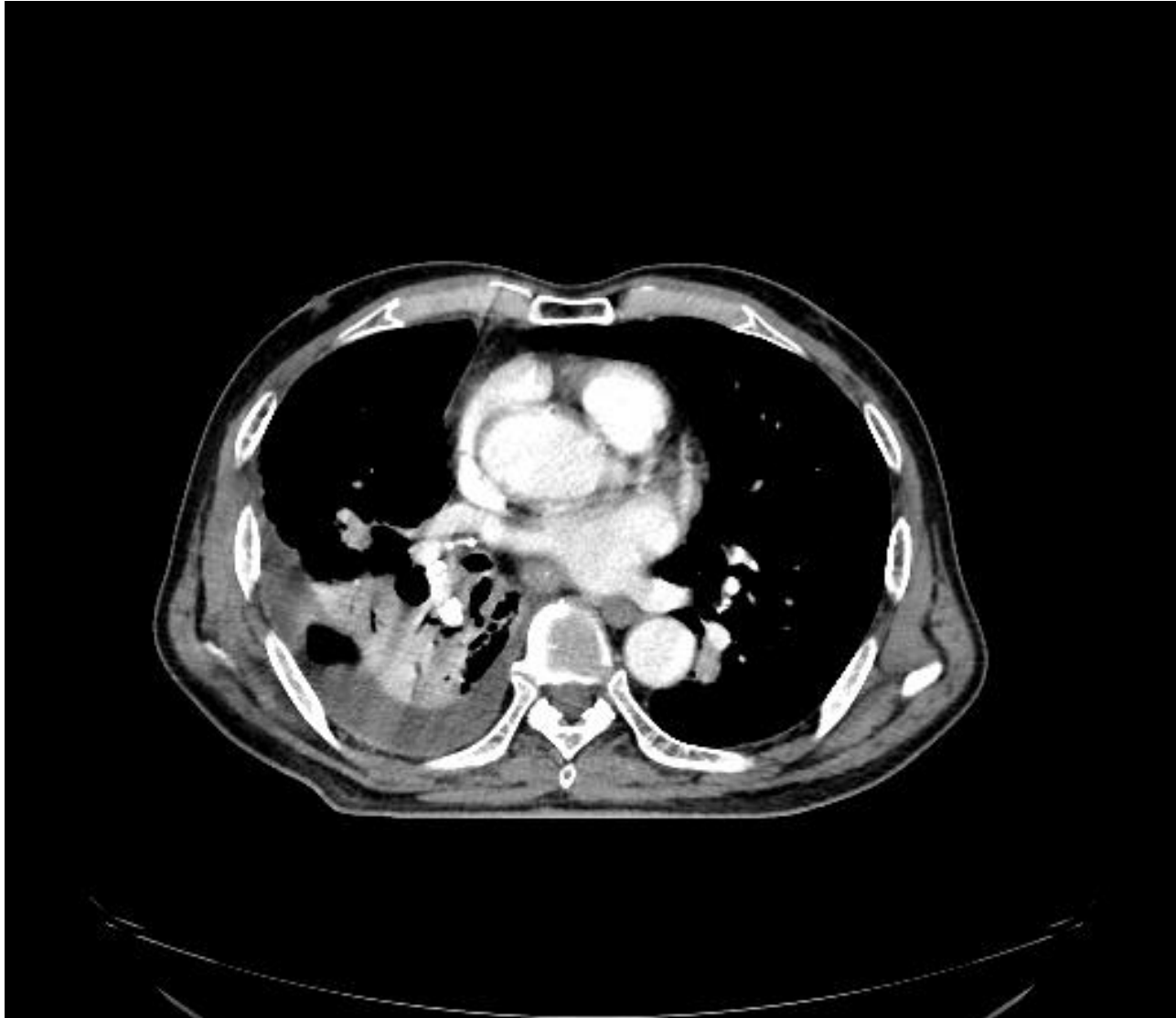
Ct: N E: A5
Ce: 3

Physician:
Comment:




NSCLC, SqCC, cT3N3, PD-L1 4%
→ CCRT

Case4 – f/u chest CT for RT





Factors affecting survival in patients with endobronchial malignant mass after flexible Bronchoscopic cryotherapy: a cohort study

Fu-Tsai Chung^{1,2,3,4*} , Chun-Liang Chou^{1,2,4†}, Yu-Lun Lo², Chih-Hsi Kuo², Tsai-Yu Wang², Chun-Hwa Wang², Hung-Yu Huang^{1,2}, Horng-Chyuan Lin², Chih-Hao Chang^{1,2}, Chung-Shu Lee^{1,2}, Hao-Cheng Chen^{1,5} and Shu-Min Lin^{2*}

- 2007-2012, Taiwan
- Retrospective cohort study
- 63 patients
- Primary lung cancer: 47
- Bleeding complication: 20.9%


Table 3 Complications and outcomes after cryotherapy ($n = 67$)

Complications	
Minor bleeding	14
Major bleeding ^a	0
Multiple procedures necessity	12
Pneumothorax ^a	0
Outcomes	
Symptoms relief	56
performance status improvement	49
Received further chemotherapy	43

^aThose listed include complications reported from literature even without occurrence in this study



Factors affecting survival in patients with endobronchial malignant mass after flexible Bronchoscopic cryotherapy: a cohort study

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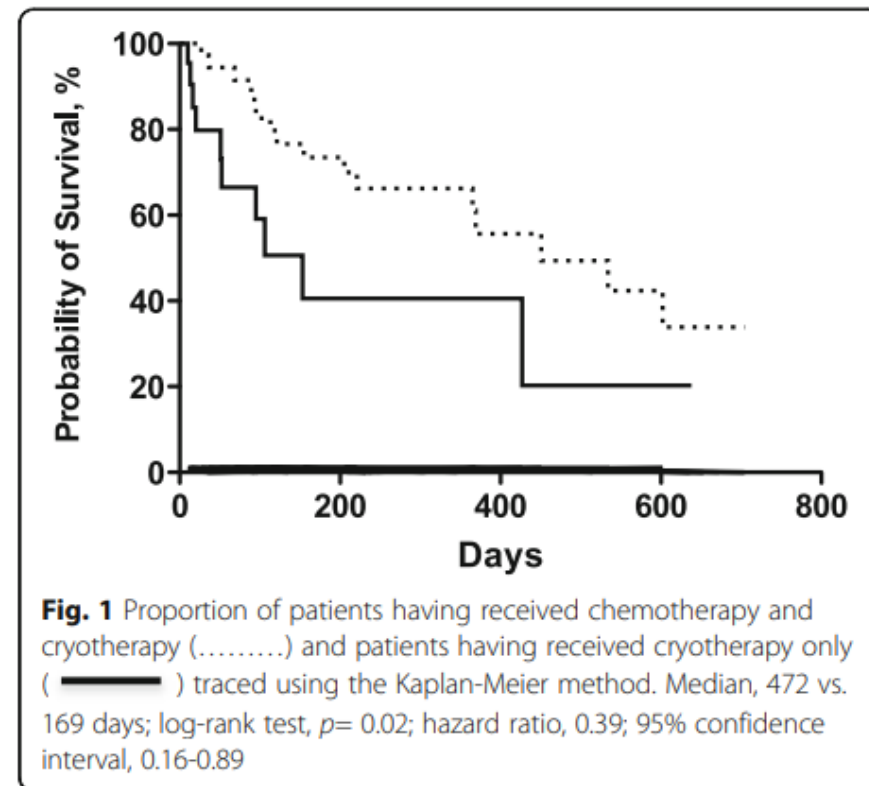


Table 4 Factors for survival, by multivariate analysis ($n = 67$)

	OR	95% CI	p
Minor bleeding	1.2	0.27–5.27	0.87
Multiple procedures necessity	0.37	0.1–1.92	0.21
Symptoms relief	1.3	0.2–11.3	0.89
Performance status improved after cryotherapy*	3.7	1.2–10.7	0.03
Ability to receive further chemotherapy after cryotherapy with improvement of performance status *	4.3	1.4–13.7	0.02

Abbreviations: OR odds ratio, CI confidential interval

* $p < 0.05$

Table 1. Cryotherapy for malignant central airway obstruction: a summary of the case series level evidence available describing the success of cryotherapy in malignant central airway obstruction

Study	Year	N	Type of Procedure	Improvement in Airway Obstruction	Safety
Mathur <i>et al.</i> (2)	1996	20	Flexible, repeat bronchoscopy 1–2 wk after probe cryotherapy	18/20 (90%), complete removal of tumor; 12/17 (71%), improved dyspnea; 5/5, improved hemoptysis	1 cardiac arrest
Walsh <i>et al.</i> (35)	1990	33	Rigid, repeat bronchoscopy 2–4 wk after probe cryotherapy	26/33 (79%), initial overall subjective improvement; 20/26 (77%), improved obstruction; 6/9 (67%), improved hemoptysis; 7/29 (24%), improvement in FEV ₁ and FVC; 6/22 (27%), improvement in 6MWT*	No complications
Marasso <i>et al.</i> (38)	1993	234	Rigid, repeat bronchoscopy 6–8 d after probe cryotherapy	78/115 (68%), improved atelectasis; 58/62 (94%), improved hemoptysis; 87/107 (81%), improved dyspnea; 120/168 (71%), improved oxygenation [†]	Not reported
Maiwand (39)	1986	75	Rigid, repeat bronchoscopy at 2, 4, and 8 wk after probe cryotherapy	20/33 (61%), improved stridor; 23/31 (74%), improved dyspnea; 11/11, improved hemoptysis; 60/75 (80%), improved obstruction	No complications
Maiwand (40)	1999	153	Rigid, repeat bronchoscopy 2 wk after probe cryotherapy	85/133 (64%), improved dyspnea; 82/120 (68%), improved cough; 51/55 (93%), improved hemoptysis; average increase in FEV ₁ , 110 ml [‡] ; average increase in FVC, 90 ml [‡]	3/153 (2%), bleeding; 1/153 (0.7%), pneumothorax
Maiwand <i>et al.</i> (41)	2004	476	Rigid, repeat bronchoscopy 2 wk after probe cryotherapy	301/436 (69%), improved cough; 278/469 (59%), improved dyspnea; 138/180 (76%), improved hemoptysis; average increase in FEV ₁ , 90 ml [‡] ; average increase in FVC, 130 ml [‡] ; improvement in mean Karnofsky score	0.7%, bleeding; 0.1%, pneumothorax; 0.9%, respiratory distress [§]
Hetzel <i>et al.</i> (19)	2004	60	Flexible, single session of cryorecanalization	50/60 (83%), complete or partial resolution of obstruction (37/60 complete resolution)	No major complications; 6/60 (10%), bleeding treated with APC
Schumann <i>et al.</i> (22)	2010	225	Flexible, 193/225, rigid, 31/225, single session of cryorecanalization	205/225 (91%), improvement in condition and/or ability to clear secretions	No major complications; 28/225 (12%), mild or moderate bleeding [¶]
Inaty <i>et al.</i> (42)	2016	88	Rigid, cryorecanalization with concomitant procedures	83/88 (94%), complete or partial resolution of obstruction after first procedure	Case series included 68 cases of benign airway obstruction; 6/156 (total cohort) with moderate bleeding controlled with APC and/or electrocautery

Cryotherapy in malignant lesions

- Complication rate: 0~50%

Table 2. Complications of endoscopic cryotherapy

Year	Author	Occurrence	Complications	Treatment
2008	Jung et al. [13]	2/4	50% al emphysema, hemoptysis	Controlled by conservative management
2007	Beeson [14]		age	Controlled by conservative management
2006	Berotoletti et al. [15]	2/18	11.1% age, subcutaneous emphysema	Controlled by conservative management
2005	Asimakopoulos et al. [9]	35/329	10.6% age, atrial fibrillation, dyspnea	Controlled by conservative management
2004	Hetzel et al. [16]	10/60	16.7% age	Controlled by hemostasis with plasma beamer
2004	Maiwand et al. [17]	49/521	9.4% sis, atrial fibrillation, dyspnea	Transient and n
2001	Deygas et al. [18]	0/35		
2001	Noppen et al. [19]	0/12		
1999	Maiwand [10]	11/153	7.2% age, pneumothorax, anesthesia tion	Controlled by c
1990	Walsh et al. [22]	0/33		
1986	Homasson et al. [23]	2/27	7.4% r	Transient
1986	Maiwand [24]	0/75		

Table 3. 30-day mortality after endoscopic cryotherapy

Year	Author	Occurrence (%)
2005	Asimakopoulos et al. [9]	9/32 (2.4)
2004	Maiwand et al. [17]	7/512 (1.2)
1999	Maiwand [10]	0/153 (0.0)
1986	Homasson et al. [23]	1/27 (3.7)
1981	Sanderson et al. [25]	2/28 (7.1)

Cryotherapy in South Korea

- 2022년 2월 1일 Cryobiopsy 급여 고시 (보건복지부 고시 제2022-3호)

제1편 제2부 제2장 제4절 내시경, 천자 및 생검료 나-759 기관지경검사란을 다음과 같이 한다.

분류번호	코드	분 류	점 수
나-759		제4절 내시경, 천자 및 생검료 [내시경] 기관지경검사 Bronchoscopy 주: 1. 「나」, 「다」, 「라」, 「마」, 「바」를 실시한 경우에는 1회에 한해서 「가」를 별도 산정한다. 2. 「다」, 「라」, 「바」를 실시하기 위해 전자기 유도기법을 시행할 경우 985.17점을 별도 산정하며, 「선별급여 지정 및 실시 등에 관한 기준」 별표 2에 따른 요양급여를 적용한다. 3. 「마」는 전자기유도기법으로 시행할 경우에 한하여 산정하며, 「선별급여 지정 및 실시 등에 관한 기준」 별표 2에 따른 요양급여를 적용한다. 4. 전자기유도기법시 사용된 일회용 내시경 캐논러는 별도 산정한다.	
	E7594		
	E7590	가. 기본기관지경검사 Diagnostic Bronchoscopy	1,293.72
	E7591	나. 기관지폐포세척술 Bronchoalveolar Lavage	456.48
	E7592	다. 경기관지침흡인술 Transbronchial Needle Aspiration	822.46
	E7593	라. 경기관지폐생검 Transbronchial Lung Biopsy	947.16
	E7595	마. 경기관지위치표식술 Transbronchial Localization	1,453.08
	E7596	바. 경기관지폐냉동생검 Transbronchial Lung Cryobiopsy 주: 사용된 일회용 냉동프로브, 지혈용 풍선카테터는 별도 산정한다.	1,766.52

Summary

- **Bronchoscopic cryotherapy is an efficient and relatively safe interventional procedure for patients with benign and malignant central airway diseases.**
- **It is necessary to select appropriate patients in consideration of the predicted effect and complication risk.**

Thank you for your attention

