Introduction
Airway surgery is a challenging and multitask area in pediatric otorhinolaryngology which must be handled multidisciplinary. Despite developing endoscopic interventions, external procedures for subglottic stenosis remain as an important part of the treatment.

Aim-Patients-Methods
The aim of this study was to document the outcomes of subglottic stenosis patients who were treated by external airway surgery at Hacettepe University Department of Otorhinolaryngology between January 2013-2018. Data was extracted from medical charts of patients and reviewed by the investigators.

Results
There were 19 patients in the study. Age of the patients were between 8 months – 8 years (mean 2 y). Grades and distribution of the surgical procedures are listed in Table 1.

Discussion
Restenosis requiring secondary open surgery occurred in 3 PCTR and 1 LTR patients. Endolaryngeal balloon dilatation was performed in 2 PCTR patients who developed restenosis.
• Successful management of subglottic stenosis depends on experience on both internal and external approaches

Two of the patients treated with PCTR experienced accidental extubation during their monitorization in the pediatric ICU leading to anastomosis damage which required revision surgery.
• Efficient patient outcome can only be achieved with a coordinated multidisciplinary team.

Despite having patent airway, one of the patients could not be decanullated due to aspiration.
• Successful outcome of airway surgery not only depends efficient surgical interventions but also multiple factors including cardiopulmonary functions, vocal cord movements and aspiration.

Conclusion
It is mandatory for an airway surgeon to be capable of both endolaryngeal and external approaches for successful management of subglottic stenosis.