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Title: Long-term results after pneumonectomy and lobectomy for pulmonary tuberculosis: Quality of life and pulmonary function

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Body: The rate of postoperative complications was 10,2% after lobectomy and 33,3% after pneumonectomy for tuberculosis in our clinic. The aim of this study was to assess long-term results of lobectomy and pneumonectomy for pulmonary tuberculosis. Methods: we investigated quality of life (QoL) and pulmonary function in 58 patients after surgical treatment. Out of these 58 patients, 36 underwent single lobectomy (group L) and 22 underwent pneumonectomy (group P). All postoperative examinations were performed more than one year after surgery. QoL was studied by SF-34, St. George's Respiratory Questionnaire (SGRQ), and UCSD Shortness of Breath Questionnaire (SOBQ). Pulmonary function was studied by spirometry and plethysmography. Results: In patients in group P and group L, respectively, FVC was 58,7±15,2 and 103,3±15,3%; FEV1 - 47,5±13,9 and 84,8±16,7%; TLC - 66,0±11,2 and 98,5±12,8%; FRC - 81,1±21,6 and 110,1±28,0%; IC - 53,8±19,3 and 89,7±19,1% (p<0,01 for all cases). All SF-36 components did not differ between groups. Symptoms SGRQ scores were 45,8±26,5 and 32,3±22,3% (p>0,05); Activity SGRQ scores were 51,0±22,0 and 30,8±19,5 (p<0,05); Impact SGRQ scores were 31,5±18,8 and 17,8±15,9% (p<0,05); Total SGRQ scores were 39,9±18,9 and 24,1±16,1% (p<0,05); SOBQ scores were 28,4±22,6 and 16,4±15,3 points (p<0,05); group P and group L, respectively. Conclusion: Pulmonary function and QoL were significantly worse in patients after pneumonectomy. SGRQ was more sensible than SF-36 in assessment of QoL. In both groups QoL was worse than in healthy patients. So the patients after these operations need more active treatment including pulmonary rehabilitation.