

European Respiratory Society Annual Congress 2012

Abstract Number: 1860

Publication Number: P2705

Abstract Group: 10.2. Tuberculosis

Keyword 1: Tuberculosis - management **Keyword 2:** Surgery **Keyword 3:** Bronchoscopy

Title: Blocking of bronchoscopic endobronchial valve in the complex surgical treatment of patients with pulmonary tuberculosis

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Body: A randomized study of osteoplastic thoracoplasty (OT), supplemented with bronchoscopic lung by blocking the affected part in the complex treatment of patients with pulmonary tuberculosis category CV + MBT +. A new strategy for treating patients with epidemiologically dangerous, most of whom standard chemotherapy regimens are not effective anti-TB drugs, pulmonary resection is contraindicated. The combination of OT and a new bronchoscopic method to block endobronchial valve (EBV) has a higheffect and preserves lung. Scope and purpose: Evaluate and analyze the impact of bronchoscopic after blocking OT in the combined treatment. According to the existing hypothesis, additional installation endobronchial valve increases the number of patients who can not get close cavities (CV-) and bacterial termination (MBT-). Methods: We compared the efficacy of blocking the affected part of bronchoscopic lung after OT in patients with advanced pulmonary tuberculosis category CV + MBT + patients that OT was performed without installing an endobronchial valve. Effectiveness of the control points were CV-and MBT-. Estimated risk ratio. A total of 291 patients were involved, of whom 158 fulfilled OT after bronchoscopic block (main group), 133 continued treatment without having to install EBV (comparison group). EBV production company Medlung Inc., Barnaul, Russia. Results: The proposed complex surgical treatment tactics can increase the effectiveness of remedial measures: the main group more frequently observed cessation of bacterial isolation (RR = 1,43, 95% CI = 1.33 - 1.52), the closure of decay cavities (RR = 1,49, 95% CI = 1.39 - 1.59).