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Title: Lobectomy at patients with lung cancer and a chronic obstructive pulmonary disease as analogue of lung volume reduction surgery in COPD patients: To do or not to do?

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Body: Background. In Russia annually reveal about 60000 new cases of lung cancer (LC). About half of patients with lung cancer have chronic obstructive pulmonary disease (COPD). Aims. To study results of lobectomy in patients with LC and COPD as procedure directed on elimination of LC and reduction of respiratory failure. MATERIALS AND METHODS. 27 patients with LC and with heavy COPD were managed. Men were 25. The age varied from 57 to 72 years. The stage of a LC was IB to IIB. All patients had obstruction FEV1 21±5%, heavy dyspnea 3,5-4 points (MRC) and hyperinflation TLC – 138±18%, RV – 294±87%, RV/TLC – 70±8%. Gas analysis found PaO₂ – 73±13 mm hg and PaCO₂ - 41±7 mm hg. In all patient lobectomy with an expanded limfodissection performed. RESULTS. There were no lethality. The complications included COPD exacerbation in 15 patients, pneumonia in 11 patients, long air leaks on drainages in 11 patients, formation of a residual cavity in 4 patients that demanded introduction of the endobronchial valve. Since 6th month post surgery (p.s.), in 17 patients dyspnea decreased by 1-2 degrees. In 1 and 2 y p.s. FEV1 increased for 17% and 19%, RV decreased 87% and 89%, RV/TLC - decreased 10% and 16%. In 1 and 2 year p.s. dyspnea lowered by 1,5 and 1,4 points. Recurrence and progressing of LC was in 5 patients in 1 year after operation and in 8 cases in 2 years after operation. CONCLUSIONS. Thus lobectomy in patients with a cancer of lung I-II st. without defeat of mediastinal lymph nodes and with heavy COPD may be important procedure as helps not only to remove a tumor, but also to reduce dyspnoe and to improve quality of life.