European Respiratory Society
Annual Congress 2013

Abstract Number: 4669

Publication Number: P444

Abstract Group: 8.1. Thoracic Surgery

Keyword 1: Comorbidities **Keyword 2:** Lung cancer / Oncology **Keyword 3:** Elderly

Title: Age related influence of COPD on postoperative pulmonary morbidity in lung cancer patients

Dr. Nazar 30552 Lukavetskyy lukavetskyy@ukr.net MD [1], Dr. Stefan 30553 Welter Stefan.Welter@ruhrlandklinik.uk-essen.de MD [2], Dr. Taras 30554 Gutor nazar_l@yahoo.com MD [1] and Prof. Dr Georgios 30555 Stamatis Georgios.Stamatis@ruhrlandklinik.uk-essen.de MD [2]. [1] Oncology Department, Lviv Medical University, Lviv, Ukraine and [2] Department of Thoracic Surgery and Endoscopy, Ruhrlandklinik, University Hospital, University of Duisburg-Essen, Essen, Germany .

Body: The incidence of lung cancer is high in COPD-patients and increases in older patients. Patients and methods. All patients diagnosed with lung cancer who underwent pulmonary resection were obtained from Ruhrlandklinik surgical database over the period 2010-2011. Patients younger than 60 years, with benign lung lesions, with lung metastases, or patients after non-curative lung resection were excluded. To identify age-related specifics all patients were divided into 2 groups: 60-69 years (first group, 299 patients), and ≥70 years (second, “elderly group”, 270 patients). Postoperative pulmonary morbidity was defined as: respiratory failure, atelectasis, air leak more than 7 days, prolonged intubation (>72hours), pleural effusion, pleural empyema, chylothorax, and pneumothorax. Results. This study retrospectively reviewed 569 patients. COPD were more frequently observed in the younger group (135 patients, 45,2%) in comparison to the elderly group (87patients, 40,4%.) Respiratory complications occurred in 105 (35.1%) patients of the younger group and 87 (32.2%) of the elderly group patients. The basic risk for pulmonary complication after lung resection was 27,3 % in elderly patients (39,5% in elderly + COPD) and 31,1% in younger patients (40.0 % in younger + COPD). An analysis showed that COPD (p=0.035) remained the significant risk factor for respiratory morbidity in the elderly group. The incidence of pneumonia, atelectasis and prolonged air leak was higher in elderly + COPD patients; pleural effusion and respiratory failure in elderly without COPD patients. Conclusions. COPD is significant risk factor for respiratory postoperative morbidity in elderly lung cancer patients.