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**Title:** Destroyed lung secondary to tuberculosis – Surgical options

Nicolae 20727 Galie NICOLAE\_GALIE@YAHOO.COM MD <sup>1</sup>, Cornel 20728 Savu DRSAVU@YAHOO.COM MD <sup>1</sup>, Radu 20729 Posea RPOSEA@CLICKNET.RO MD <sup>1</sup>, Vasile 20730 Grigorie GRIG\_VASILE@YAHOO.CO.UK <sup>1</sup> and Cornel 20731 Petreanu ADI\_PETREANU@YAHOO.COM <sup>1</sup>. <sup>1</sup> Thoracic Surgery, National Institute of Pneumology "Marius Nasta", Bucharest, Romania .

**Body:** After pneumonectomy, mortality and morbidity rates are very high comparative to other lung resections. Suppurative pathology increase more this rates, forcing the surgical team to find the best solution for each patient. The authors present a group of 12 patients with destroyed lung secondary to TB. Left pneumonectomy was performed in 10 cases and right pneumonectomy in 2 cases. Mean age of the patients was 42,4 years, and sex ratio was 66.66% male and 33.33% female. Extrapleural pneumonectomy was performed in 10 cases. Several techniques were used to prevent broncho-pleural fistula (covering the bronchus stump with mediastinal fat, muscular flap, azygos vein; performing Azorin's technique prior to pneumonectomy). Mean hospitalisation was 9 days. We recorded 1 postoperative death secondary to myocardial infarct. One patient had tardive broncho-pleural fistula at 6 months, requiring Elloesser procedure and secondary thoracomioplasty. Eight patients received anti-TB drugs for 6 month post-operative. Social reinsertion was good for all patients. Using appropriate surgical approach for each patient, the postoperative results were very good, the mortality and morbidity rates being comparable with other pathology.