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Title: Role of minimal invasive transcervical main bronchial surgical closure in MDR destructed lung treatment

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Body: Introduction: Lack of ventilation and atelectasis is an old mean of treatment for TB treatment since preantibiotic era. MDR destructed lung frequent require pneumonectomy but these category of patients are not fit or are reluctant to pneumonectomy. Our method propose an transcervical minimal invasive surgical method non agresive to generate atelectasis to affected lung thus preserving the other good lung and allow the patient the necessary time to become later a candidate for a pneumonectomy indiferent right or left. Material and method: we present the 2 cases of 2 female patients with MDR tb one left side other right side with an intact lung and another destructed lung. We disect cut and suture the main bronchus transcervically minim invasive and detached the ill lung from the other. Results: Both patients have suported very well the minioperation with an subsequent lung atelectasis. for the right lung patient we performed later a right 2 step pneumonectomy and the left sided one died 7 weeks after the operation from an miocardial infarctus. Both patients were well tolerating the miniopertion and the right one suported perfect the postponed pneumonectomy. No operatory complications or incidents were observed. Conclusions: Using minimal invasive procedure for cutting the air acces to the affected lung allow a good chance of healing for a poor status MDR patient allow a good cooperation from the patient and later an easy tolerated and accepted pneumonectomy with minimal surgical risk of postpneumonectomy bronhial fistula since the bronhus is already cicatrised at the pneumonectomy etap. We present in first comunication a minimal invasive transcervical approach of the right main bronchus.