

European Respiratory Society Annual Congress 2013

Abstract Number: 5439

Publication Number: P3086

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Pleura **Keyword 2:** No keyword **Keyword 3:** No keyword

Title: Medical thoracoscopy in pneumothorax

Dr. A.K. 16694 Singh draksinghchestspecialist@gmail.com MD ¹, Dr. Vivek 16695 Nangia viveknangia@gmail.com MD ¹, Dr. R.S. 16696 Chatterji rojsch@gmail.com MD ¹, Dr. Hemant 16697 Tewari hemanttewari22@hotmail.com MD ¹ and Dr. Navin 16698 Dalal navindalal@ymail.com MD ¹. ¹ Dept. of Pulmonology, MICU & Sleep Medicine, Fortis Flt Lt Rajan Dhall Hospital, Vasant Kunj, New Delhi, Delhi, India, 110060 .

Body: Introduction: Spontaneous pneumothorax is associated with high morbidity often requiring hospital admission and recurrences. Medical thoracoscopy may find a important place in management of pneumothorax. Aims & objectives: To assess role of medical thoracoscopy in spontaneous pneumothorax on duration of intercostal drainage (ICD), hospital stay and recurrence of pneumothorax. Methods: A retrospective study in pneumothorax of > 20% of hemithoracic volume & had failed attempted simple aspiration. Visceral pleura & the underlying lung were examined & classified according to Vanderschueren's classification using semirigid Olympus thoracoscope. Treatment modality adapted according to the stage.

Stage	Medical thoracoscopy findings	Intervention done
Stage I	Normal lung	Intercostal drainage inserted and removed after bubbling stops
Stage II	Pleuropulmonary adhesions	Severing of adhesions and pleurodesis
Stage III	Blebs or bulla < 2cm	ICD with pleurodesis after lung expansion
Stage IV	Numerous bulla > 2cm	Thoracotomy and bullectomy. Pleurodesis if unfit or unwilling for VATS

Results: Total 32 patients (28 males & 4 females) with age group of 25-55 years (mean age 40.28 years). The no of patients in Vanderschueren's stage 1, 2, 3 & 4 were 12(37.5%), 2(6.25%), 6(18.75%) & 12(37.5%) respectively. The mean duration of ICD in Stage 1, 2, 3 and 4 were 3, 4.5, 4.3 & 6 days respectively. The mean duration of hospital stay in Stage 1, 2, 3 and 4 were 4, 5.5, 5.5 & 7 days respectively. Recurrence at 18 months was seen in 1(3.12%) patient. Conclusion: Medical thoracoscopy is safe, cost effective, reduces hospital stay and when combined with pleurodesis reduces risks of recurrence especially in Stage 2, 3 patients and in stage 4 if VATS is contraindicated.

