European Respiratory Society
Annual Congress 2012

Abstract Number: 888

Publication Number: P2410

Abstract Group: 8.1. Thoracic Surgery

Keyword 1: Children **Keyword 2:** Congenital lesion/malformation **Keyword 3:** Surgery

Title: Early intervention in congenital cystic adenomatoid malformation (CCAM)

Ms. Hanna 2494 Dmenska hanna.dmenska@wp.pl MD [1], Mr. Dariusz 2495 Polnik d.polnik@czd.pl MD [2], Ms. Ludmila 6238 Bacewicz l.bacewicz@czd.pl MD [2] and Mr. Piotr 6239 Kalicinski p.kalicinski MD [2]. [1] The Pulmonology Outpatients' Clinic, The Children's Memorial Health Institute, Warsaw, Poland and [2] Department of Paediatric Surgery and Organ Transplantation, The Children's Memorial Heatlh Institute, Warsaw, Poland .

Body: The aim of the study is to present a group of pts with the final pathological diagnosis of CCAM operated on at our Institute between 2005 - 2011. Materials and Methods: In total 22 pts underwent the operation (15 M, 7 F) at the gestational age 30-40 weeks (mean 37.9±1.6). 16 pts were born by Caesarean section. Birth weight was 1500g - 4880g (mean 3321g±503). The pts were asymptomatic, except 6, who presented respiratory distress syndrome. 19 pts diagnosed with CCAM prenatally between 20-33 gestational week (mean 23.5±2.6) were evaluated until delivery at tertiary care centres. This approach guaranteed an easy admission and immediate surgical treatment in our Institute. CT and angioCT were performed in all pts prior to operation to confirm diagnosis. Results: All pts underwent open lateral thoracotomy (18 pts/lobectomy, 4pts/ segmentectomy respectively). Age at intervention ranged 1-51 days (mean 10.6±7.2). CCAM localisation was: right lung lower lobe (7), left lung upper (6) and lower lobe (7). Generally no major postoperative complications were observed. Only 2 pts were reoperated for pneumothorax. Length of postoperative ventilation ranged 1-10 days (mean 2.1±1.1). Length of hospitalisation was 8-48 days (mean 19.4±6.5). All pts have been followed up at our Outpatients' Clinic since operation. At present their ages range 0.3-6.4 yrs (mean 3.1±1.6). Development is normal. No increased number of respiratory infections is observed. Conclusions: 1.Most CCAMs are diagnosed prenatally by means of routine USG analysis. 2.Early surgical treatment of CCAMs is safe and elective lobectomy appears to be very well tolerated. 3.Follow-up shows that early surgical intervention does not disturb development of those children.