Title: Stratification of risk factors of developing of bronchopleural fistula after pneumonectomy

Body: Background. It is known that bronchial stump fistula (BSF) is general causes of efficacy decrease of surgical treatment of pulmonary cancer. Stratification of patients with local distributed and disseminated cancer forms of any localization is scientifically proved and it allows to determine heterogenicity of patients’ group in relation to the nearest and remote prognosis as well as to work out volumes of surgical treatment into practice. Methods. Stratification data of risk factors of bronchial stump failure (BSF) development in 575 patients, who underwent primary pneumonectomy in this article were presented. Control group (CG) consisted of 477 patients, 390 patients of them had different tumors of the lungs and 87 patients had purulent diseases of the lungs. The main group (MG) consisted from 98 patients. Formation of risk groups depending on localization of disease showed that in the planning of left sided PE minimum risk was determined in 258 (67,9%) patients, mean risk - in 83 (21,8%) and maximum risk - in 39 (10,3%) patients. Results. An incidence of BSF after PE in patients of CG accounted for minimal risk 1,3%, at an average – 16,0%, and maximal – 32,3%, in its turn, an implementation of factor estimation of risk degree of development of BSF after PE in MG allowed to reduce an incidence of this complication until 0,0%, 2,6% and 9,1% respectively. Conclusion. Peculiarities of a tactics of surgical intervention in PE must be determined strong in accordance with risk degree of development of BSF and, depending on the latter, include various in their efficacy of hermetization as well as work volume of accomplishment methods of suturing bronchus stump and consolidation of suture line.