Title: Pneumonectomy in pulmonary tuberculosis. To do or not to do?

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Body: Background. Pneumonectomy (PE) often remains an only chance for recovery in pulmonary tuberculosis (PTB) patient with destroyed lung. But the high complications rates often hinder the surgical activeness. Aims. To assess results and determine optimal conditions for performing PE in PTB patients. Methods. A review was performed of 47 patients with PTB underwent PE during last 5 years. Male/female ratio 27/20. In all cases there was cavitary disease with total lung spread. Empyema complicated the disease in 9 cases. Drug resistance was in 41(87,2%) cases including MDR in 32(68,1%). Sputum smear negativation was achieved before the operation in 29 (61,7%). Multimodal therapy to reduce PTB activity and to improve patient's general condition was carried out and continued 16-24 months after surgery. Right PE was in 21 patients and left – in 26. Bronchial stump covering was done. Results. Postoperative complications were in 19 patients (40,4%) including bronchopleural fistulas (BPF) and empyema in 10 (21,3%). Hospital mortality rate was 6,4%. The complications were connected with PTB reactivation. Obvious risk factors were previous empyema, MDR and MBT+ at the time of operation (p<0,05). In 2 cases BPF were closed by reamputation and in 5 were healed simultaneously with PTB regression in the opposite lung. Of those operated more than 3 years ago and followed up 6 (22,2%) died from PTB progression and 17 (62,9%) are free of disease including those passed through complications. Conclusions. The rate of recovery achieved approved the active surgery despite heavy subsequent course. The adhesion to treatment is obligatory.