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Title: Surgery for pulmonary aspergilloma: A Moroccan center experience

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Body: The surgical treatment of pulmonary aspergilloma is challenging and controversial. The aim of our study is to evaluate the clinical spectrum pulmonary aspergilloma (PA) in our department. We undertook a retrospective study of 340 cases that were operated between January 1982 and December 2007. Medical records and treatment outcomes were reviewed. During the period of the study (25 years), we treated 350 patients: 247 males, and 103 females, with a sex ratio of 2.4, and a mean age of 38.3 years (extremes 7 and 73). 78% (n=274) of our group had a history of pulmonary tuberculosis. 9% had been treated twice. Thus, PA was principally developed in tuberculosis residual cavities. Hemoptysis was the main symptom. Bilateral PA was found in 2.6% of our cases. Surgical techniques are listed in table I.

Surgical Techniques For Pulmonary Asperilloma

Techniques	N (%)
Lobectomy	171(50.3)
Ipsilateral bilobectomy	16(4.7)
Segmentectomy	47(13.8)
Lobectomy+ Segmentectomy	47(13.8)
Pneumonectomy	66(19.4)
Thoracoplasty	3(0.9)

The postoperative morbidity was observed in 140 cases, table II lists these complications.

Postoperative Complications of Pulmonary Aspergilloma Surgery

Complication	N (%)
Pyothorax	44(12.9)
Prolonged Drainage	18(5.3)
Failure to Re-expansion	32(9.4)
Retracted Lung Apex	6(1.8)
Secondary Pyothorax	2(0.6)
Pneumonia	16(4.7)
Acute Respiratory Failure	11(3.2)
Hemothorax	17(5%)
Bronchial Fisula	7(2)

20 cases of postoperative mortality occurred, 18 were observed after pneumonectomy. The average postoperative hospital stay was 16.8 days. The five-year actuarial survival rates was 85.6%. In our experience, mortality and morbidity rates were similar to literature. Surgery of PA could achieve satisfactory long-term outcomes.