268. General thoracic surgery I

P2417
Diagnostic surgical lung biopsy in hematologic patients with pulmonary complications
Lilian Junker1, Jörg Halter1, Franco Gambazzi2, Daiana Stolz1, Lukas Bubendorf1, Spasenija Savic1, Dominik Heim2, Martin Stern2, Christoph Bucher2, Didier Lardinois1, Michael Tammi1; 1Clinic of Pulmonary Medicine and Respiratory Cell Research, University Hospital Basel, Basel, Switzerland; 2Clinic of Thoracic Surgery, University Hospital Basel, Basel, Switzerland; 3Clinic of Hematology, University Hospital Basel, Basel, Switzerland.

Objective: To report and evaluate the diagnostic yield and risk of VATS biopsy or open lung biopsy (OLB) in hematologic patients suffering from pulmonary complications.

Methods: 81 patients with a mean age of 47 years underwent VATS (73%) or OLB (27%) from 2000 to 2010. 49 patients underwent allogeneic and 7 autologous SCT, 21 had high dose chemotherapy. Examinations revealed an infectious agent in 6 (Tbc, 2 PcP, 2 bacterial, echinococcus), bronchiolitis obliterans in 23, organizing pneumonia in 20, diffuse alveolar damage in 4, and intermediate lung diseases (ILD) in 30. 2 of the 6 deaths occurred in patients already ventilated prior to surgery.

Conclusion: VATS biopsy is still the diagnostic tool of choice in hematologic patients with pulmonary complications. Although surgical mortality is low, there are no major surgical complications of VATS in this immunocompromised patient group. Twelve patients showed constrictive bronchiolitis obliterans (CBO) on biopsy whereas there was lymphocytic bronchiolitis in 10 cases (LBO). Median FV1 was 43.6% in CBO and 62.6% in LBO. There was no difference in age, underlying hematologic disease or pretreatment between the two groups. Almost all patients suffered from chronic GvHD. Median time to the diagnosis of bronchiolitis obliterans after allogeneic SCT was 230 days as compared to 703 days in LBO. FEV1 markedly improved in the majority of cases with LBO whereas FEV1 only partly improved in patients with CBO. Six patients died in the CBO group as compared to only one death in the LBO group.

Conclusion: The histological pattern of lymphoctic bronchiolitis obliterans is associated with a much better prognosis as compared to constrictive bronchiolitis obliterans following allogeneic stemcell transplantation. We recommend to perform VATS in suspected bronchiolitis obliterans.

P2419
VATS lung biopsy is the method of choice for patients with ambiguous pulmonary pathology to establish a morphologic diagnosis
Mikle Pikunov, Yury Esakov; Thoracic Department, A.V. Vishnevskogo Surgery Institute, Moscow, Moscow, Russian Federation.

Objective: To evaluate and compare the diagnostic yield, accuracy, morbidity and mortality rates of VATS lung biopsy and open lung biopsy (OLB) in hematologic patients suffering from pulmonary complications.

Methods: 230 patients with PL (group I) and 87 patients with ILD (group II) were enrolled. Mean age: 54±20 y. We used HRCT for lesion(s) visualization in all cases. All patients in both groups underwent VATS lung biopsy and morphological investigation of the specimens to establish a final diagnosis.

Results: In accordance to preoperative examination in group I there were: neoplasm’s, tuberculosis and hamartomas. In the group II there were suspicions to sarcoidosis, idiopathic pulmonary fibrosis (IPF), amyloidosis, lymphangioleiomyomatosis (LAM). Morphological diagnosis was obtained in all cases. We found benign neoplasm in 39%, early forms of lung cancer in 24%, tuberculosis in 12%, metastatic disease in 4.2%, carcinoid tumors in 2%, and nodal fibrosis in 5.6% of all specimens in group I. In the group II there were sarcoïdosis in 48%, IPF in 26%, alveolitis in 24% and LAM in 2%. Accuracy of preoperative examination was 91% and 96% in the first and second groups respectively.

Conclusion: VATS lung biopsy provides adequate specimen volume for morphologic diagnosis and associated with 100% diagnostic accuracy. Minimal postoperative morbidity and mortality rates are justified this procedure as a method of choice for patients with PLD and PLD.

P2420
Surgical treatment for lung metastases in patients with colorectal cancer
Adam Rzhechonek, Jerzy Kołodziej, Marek Lubicz; Department of Thoracic Surgery, Medical University of Wroclaw, Wroclaw, Lower Silesia, Poland Department of Thoracic Surgery, Medical University of Wroclaw, Wroclaw, Lower Silesia, Poland Department of Computer Science and Management, University of Technology, Wroclaw, Lower Silesia, Poland

Introduction: The paper presents a history of surgical treatment for lung metastases from colorectal cancer and subsequently an analysis of the treatment results, presenting some differences of lung metastasectomy.

Materials and methods: A review of the literature from the years 2000-2010 for the resection of metastatic tumors of colorectal cancer and subsequently an analysis of the treatment results, presenting some differences of lung metastasectomy.

Results: In spite of intensive development of diagnostic tools in pulmonology such as HRCT, PET, bronchoscopic examination peripheral lung lesions (PPL) and pulmonary and interstitial lung diseases (ILD) are often require excision lung biopsy for the morphological diagnosis. We evaluate the efficiency and safety of the VATS lung biopsy in the final diagnosis for patients with pulmonary diseases.

Methods: 210 patients with PL (group I) and 87 patients with ILD (group II) were enrolled. Mean age: 54±20 y. We used HRCT for lesion(s) visualization in all cases. All patients in both groups underwent VATS lung biopsy and morphological investigation of the specimens to establish a final diagnosis.

Results: In accordance to preoperative examination in group I there were: neoplasm’s, tuberculosis and hamartomas. In the group II there were suspicions to sarcoidosis, idiopathic pulmonary fibrosis (IPF), amyloidosis, lymphangioleiomyomatosis (LAM). Morphological diagnosis was obtained in all cases. We found benign neoplasm in 39%, early forms of lung cancer in 24%, tuberculosis in 12%, metastatic disease in 4.2%, carcinoid tumors in 2%, and nodal fibrosis in 5.6% of all specimens in group I. In the group II there were sarcoïdosis in 48%, IPF in 26%, alveolitis in 24% and LAM in 2%. Accuracy of preoperative examination was 91% and 96% in the first and second groups respectively.

Conclusion: VATS lung biopsy provides adequate specimen volume for morphologic diagnosis and associated with 100% diagnostic accuracy. Minimal postoperative morbidity and mortality rates are justified this procedure as a method of choice for patients with PLD and PLD.

P2418
Lung biopsy predicts outcome in bronchiolitis obliterans following allogeneic stemcell transplantation
Andreas Holbro1, Jörg Halter1, Spasenija Savic3, Lukas Bubendorf2, Dominik Heim3, Martin Stern1, Christoph Bucher1, Jakob Passweg1, Didier Lardinois1, Michael Tammi1; 1Clinic of Hematology, University Hospital Basel, Basel, Switzerland; 2Department of Pathology, University Hospital Basel, Basel, Switzerland; 3Clinic of Thoracic Surgery, University Hospital Basel, Basel, Switzerland.

Objectives: To evaluate and compare the diagnostic yield, accuracy, morbidity and mortality rates of VATS lung biopsy and open lung biopsy (OLB) in hematologic patients suffering from pulmonary complications.

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Conclusion: VATS lung biopsy provides adequate specimen volume for morphologic diagnosis and associated with 100% diagnostic accuracy. Minimal postoperative morbidity and mortality rates are justified this procedure as a method of choice for patients with PLD and PLD.

438s

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based on the assessment of the patient (organ function), number of metastases, and the value of CEA. 3. Regardless of the primary cancer focus, the G feature of differentiation, the number and size of metastases surgical resection extend patients life.

P2421
The role of VATS in the staging of non small cell lung cancer
Reza Baghetti, Zaatallah Haghii. Thoracic Surgery, Mashhad University of Medical Science, Mashhad, Islamic Republic of Iran

Introduction: One of the points discussed in NSCLC patients is always has been to use staging method with high accuracy, including broncoscopy, CT scan, PET scan and mediastinoscopy.

Another completing method for staging is VATS. In our study we decided to evaluate diagnostic accuracy of VATS for staging of NSCLC.

Material & methods: The case series study was performed on 40 NSCLC patients from 2007 to 2010. After complete preoperative evaluations (history and physical exam, CXR, CT scan, broncoscopy, TTNB and mediastinoscopy if needed in some cases), patients without criteria of inoperability have been reevaluated with VATS staging before the surgery. Thoracotomy was performed after VATS, when we didn’t have any exclusion criteria for surgical resection. We evaluated diagnostic accuracy of VATS.

Results: 40 patients were studied (M/F = 21/19), the mean age was 57 year. The most common symptom was coughing (60%). The most common finding of CT scan of the patients was mass lesion in 100% patients. The endobronchial lesion was seen in 29 patients. We performed mediastinoscopy on 7 patients for staging because of N2 lymph node size more than 1 cm, which was negative finding for metastatic involvement. 6 patients haven’t been candidated for surgical resection after performing VATS due to pleural or parenchymal wedge or for isolated metastases in lymph node for pleural and pericardial involvement, one for solitary lesion in other lobe). Thoracotomy was done on 34 patients. Operation was successful in 31 patients complete resection and failed in 3 patients due to hilar extension of the tumor. The diagnosis accuracy of VATS was 92.5%.

Conclusion: According to high diagnostic accuracy and easy to performance of VATS we recommend it to be done before surgery.

P2422
Therapeutic pulmonary metastasectomy for colorectal cancer should be chosen in any disease-free interval, size of tumor, and carcinoembryonic antigen level
Masao Nanake. General Thoracic Surgery, Eiju General Hospital, Tokyo, Japan

Aims: We retrospectively review our experience of pulmonary resection of metastases from colorectal cancer, in order to document postoperative clinical outcome and survival.

Methods: From 2003 to 2010, in 16 patients, 19 pulmonary metastases from colorectal cancer were therapeutically resected in our hospital (9 were rectal and 7 were colon). 10 males and 6 females; mean age 66.3 years). The indication for these metastasectomies was based on Thoendorf’s advocates. They were analyzed retrospectively to calculate prognosis, and reviewed to verify their disease-free interval (DFI), time between resection of primary tumor and diagnosis of pulmonary metastases. In single metastases, size of largest resected metastases, pre-metastasectomy carcinoembryonic antigen (CEA) level with the reported prognostic factor. After lung metastasectomy, patients were followed up for 2-95 months (median: 45.5 months).

Results: There was no operative mortality. Complications occurred in 3 out of 16 patients (19%) but were major only in 1 (6%). Overall, 3- and 5-year survival rates, from the date of pulmonary metastasectomy were 78.6% and 48.1%, respectively. The mean of DFI was 19.9 months (0-96), the mean of largest measured metastases was 22.6mm (9-60), and the mean of pre-metastasectomy CEA level was 5.1 ng/ml (1.0-32). These factors were not associated with longer survival.

Conclusion: Based on our experience, a good prognosis can be expected after therapeutic pulmonary metastasectomy for colorectal cancer regardless of factors such as DFI, size of metastases, pre-metastasectomy CEA level.

P2423
A rare solitary pulmonary plasmacytoma case
Hakan Kiral, Ilhan Ocakcioglu, Mustafa Kupeli, Aysun Misirlioglu, Levent Alpay, Irfan Yalcinkaya. Thoracic Surgery, Sureyyapasa Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul, Turkey

Solitary pulmonary plasmacytoma is extremely rare tumor therefore, we present a rare solitary pulmonary plasmacytoma case.

Synovial sarcoma metastasis case performed agressive pulmoner surgery
Hakan Kiral, Ilhan Ocakcioglu, Mustafa Kupeli, Aysun Misirlioglu, Levent Alpay, Irfan Yalcinkaya. Thoracic Surgery, Sureyyapasa Chest Diseases and Thoracic Surgery Training and Research Hospital, Istanbul, Turkey

A 32-year-old male patient who underwent amputation one year ago due to the synovial sarcoma that is on the distal phalanx of the toe of the right foot and after that received 6 cycles of chemotherapy was admitted to our clinic when he had hemoptysis and an opacity seen on right upper zone of his chest x ray at his last follow up. 8-10 cm-sized mass in the right upper lobe was diagnosed radiologically. Bleeding was seen from the mouth of right upper lobe in the patient’s preoperative bronchoscopy. In operation the upper lobe was filled with fluctuated, well circumscribed, necrotic tumor tissue and the other lobes were normal. Right upper lobectomy was performed. It was reported that synovial sarcoma metastasis in pathologically. A 3 cm nodule was diagnosed in the lower left of the patient and of which videothorascopic wedge or segmentectomy was performed. Pathologically, that was also synovial sarcoma metastasis. The patient underwent 4 cycles of chemotherapy more. Four months later, he admitted with recurrence on the left side again, but the patient refused surgery. Two months later he was admitted as an emergency with severe shortness of breath. Left pneumonectomy and partial 8th rib resection was performed due to the giant parenchymal mass that was fragile, bleeding, pushing mediastinum, invade chest wall and occupying the left hemithorax completely. Extensive chest wall resection was avoided since it increases the mortality and morbidity of the operation. The tumoral masses that destruct the lung completely were reported as synovial sarcoma pathologically. Shortness of breath improved in the postoperative period and he was discharged at eleventh day. The patient died 3 months after discharge day.

P2425
Diagnostics of single lung formations using the robotized complex “da Vinci”
Vasily Klimenko, German Nikolavr, Aleksey Reshetov, Alexandre Lutf, Aleksey Nohrin. Thoracic Surgery, VA Almayo Research Institute of Cardiology, Saint-Petersburg, Russian Federation

Aim of the study: An estimation of possibility of the robotized surgical system in diagnostics of single lung formations.

Materials and methods: There were made 60 the robot - assisted operations on thorax organs using the robotized complex “da Vinci”, from them 23 patients were with single lung formations. The above-stated formations were localized in cortical and subcortical departments of a lung and had the size from 1,0 to 3,0 sm. All patients were performed the endovideosurgical regional lung resection by means of Endo Gia - 45 and urgent histological research biopsy material was made. Duration of operation was from 2/0 to till 3’0 o’clock.

Results of research: The peripheral lung cancer was established at 8 patients, solitary metastasises - 5, hamartochondroma - 9, tuberculoma - 1. The patients with a lung cancer (8) have made lobectomy in conditions of thoracotomy access. The intra- and postoperative complications were absent. The average postoperative period after endovideosurgical operations was 3,5 days. The method advantages were small invasiveness, high possibilities of manipulators and use of the three-dimensional image. A combination with increasing allows to work confidently enough with vascular and tissue structures in small anatomic spaces. An absence of possibility of tissue condition evaluation using palpation complicated the work.

Conclusion: The first experience the robot - assisted operations has shown their high efficiency (100%), small invasiveness and relative safety in diagnostics of single lung formations.

P2426
Castleman’s disease presenting as a pleural mass in the thoracic cavity
Ebura Sula1, Makbule Ozlem Akbay1, Esra Aksut2, Ferda Aksoy3, Guven Bektemur4, Huriye Berk Takir5, Adnan Yilmaz6, 1Department of Pulmonology, Sureyyapasa Chest Diseases and Thoracic Surgery Training and Investigation Hospital, Istanbul, Turkey; 2Department of Pathology, Sureyyapasa Chest Diseases and Thoracic Surgery Training and Investigation Hospital, Istanbul, Turkey; 3Department of Pulmonology, Inonu Sultan Selim Hospital, Istanbul, Turkey

A 61-year-old Turkish woman presented with a 10-month history of chest pain. Chest radiography showed nonhomogeneous density obliterating left costophrenic sinus. Chest computed tomography revealed a heterogeneous mass measuring...
P2427
Salvage lung resection for local recurrence after stereotactic body radiotherapy for primary and metastatic lung cancers
Takuya Terashi1, Hiroshi Hamakawa1, Shinya Neri1, Ei Miyamoto1
1Thoracic Surgery, Kobe City Medical Center General Hospital, Kobe, Hyogo, Japan; 2Respiratory Medicine, Kobe City Medical Center General Hospital, Kobe, Hyogo, Japan; 3Integrated Oncology, Biomedical Research and Innovation, Kobe, Hyogo, Japan; 4Image-Based Medicine, Biomedical Research and Innovation, Kobe, Hyogo, Japan

Introduction: Stereotactic body radiotherapy (SBRT) has been proposed as an alternative to surgical resection for primary and metastatic lung cancers, for patients in whom the surgical condition has been poor or is not suitable. Sometimes, such patients refuse surgery and chose SBRT for the first treatment as a less invasive therapeutic option. However, surgical outcomes for local recurrence after SBRT were still unclear.

Methods: To further understand the indication for salvage lung resection, we retrospectively reviewed 9 patients (3 with stageI-IIIA small cell lung cancer and 6 with metastatic lung tumors) who underwent salvage surgical resection for local recurrence after SBRT.

Results: Of the 9 patients, 7 underwent lobectomy, and the remaining 2 did bilobectomy and segmentectomy, respectively. 2 with metastatic lung tumors had pleural adhesion resulted from SBRT-related fibrosis. However, there was no case in which SBRT made surgical procedure impossible. Retrospectively considering the course after SBRT, once all 9 irradiated tumors resulted in disease progression, they grew in size rapidly.

Conclusions: We have treated all patients without major technical difficulties by SBRT-related change. SBRT did not close the door to perform salvage surgical resection, and surgical resection might be feasible for local recurrence after SBRT. However, close follow-ups are mandatory for patients treated with SBRT because tumor regrowth after SBRT is thought to occur at a rapid rate. And if patients are medically fit for surgery as the first line treatment, the use of SBRT should not be decided by only reason of its less invasiveness.

P2428
Surgical treatment of postoperative chylothorax with thorascopy
Shahrat Khudaybergenov1, Georgy Pahomov1,2, Orticelii Ibrio1, Rustem Hayaliev1,2, 3Surgery of Lungs and Mediastinum, RSCS Named after A. V. Vishnevskiy, Tashkent, Uzbekistan; 3Hospital Surgery Kafedra, Tashkent Medical Academy, Tashkent, Uzbekistan

We studied the results of the examination and treatment of 14 patients with postoperative chylothorax for the period from 1999 to 2010. There were 11 men (78.6%) and 3 women (21.4%), the mean age was 45.5 ± 4.3 years. Pleural effusion in all patients was one-sided, i.e. on the side of the operation. The cause of chylothorax of all the patients was surgery in the thoracic cavity -thoracotomy with resection of the lung and mediastinal lymph dissection (8 cases), lung resection without lymph dissection (2 cases), mediastinal tumor resection (3 cases), and pneumonectomy with intrapericardial tumorexcision of vessel root of the lung (1 patient). Pleural effusion during chylothorax is rated as the milky in 6 (42.9%) cases, fester in 1 (7.1%), serous in 4 (28.6%) and hemorrhagic in 3 (21.4%) cases. The average concentration of triglycerides in the exudates was 7.1 ± 3.2 mmol/liter. The thorascopy was performed to all the patients with drainage of the pleural cavity, a diet with a decrease in the amount of fat was prescribed. Total parenteral nutrition was originally required for 4 patients, and 3 patients were urged to follow it due to the ongoing chylothorax after 3-4 days. Sandostatin was included in the conservative treatment measures of 5 patients. Conservative measures were effective in 9 patients. One patient underwent pleurectomy and intrapleural injection of lidoine polyvinylpyrrolidone complex solution. Other patients after unsuccessful conservative treatment for 7-10 days underwent thoracic lymphatic duct ligation. In the absence of the conservative measures effect for 7-10 days and in significant losses of lymph the surgical treatment was advised. Method of choice is the lobectomy of the thoracic cavity.

P2429
Five consecutive cases of left bronchial transcervical video mediastinoscopic closure
Andres Cristian Boboecha, Cristian Paleru, Olga Danaila, Adrian Istrate, Ioan Cordos. Thoracic Surgery Clinic I, “Marius Nasta” National Institute of Pneumology, Bucharest, Romania

Objective: The author reports the longest series of left bronchial transcervical closure using video-assisted mediastinoscopy, describing his experience with this technique and the particularities of the cases. Left bronchial closure as the first procedure of a two-step pneumonectomy for TB compromised lung is a rarely used technique.

Case report: Five patients, mean age of 41.5 years, two females, three males, underwent videomediastinoscopic closure of the left main bronchus in the last 14 months, two for postpneumonectomy bronchopleural fistulas and three prior to pneumonectomy in TB destructed lung. The recovery was uneventful in every case, with the patients discharged the following day. The mean operative time was 55 min. No other incidents or procedure related complications were encountered. The three pneumonectomies followed at 3-4 weeks after the bronchial closure.

Discussions: The mediastinoscopic bronchial closure is a novel option in highly selected patients. The positive factor influencing our decision were the virgin mediastium. The dissection of the trachea through its natural route enables tracheal mobilization. It warrants minimal surgical trauma, and, if necessary, the bronchial stump has enough time to heal before the difficult pneumonectomy.

Conclusions: Video-mediastinoscopy is an alternative to the open methods as it allows approaching the left main bronchi via the mediastinum. This technique is in our choice because its specific morbidity is minimal compared with transpericardial sternotomy or a transthoracic approach. The mediastinoscopic approach is a novel option in highly selected patients in order to prepare and simplify a pneumonectomy.

P2430
Value of the video assisted mediastinoscopy in the thoracic pathology – Our experience
Corin Sava1, Vasile Grigore2, Cornel Petreu2, Nicolae Galie1
1Surgery of Lungs and Mediastinum, RSCS Named after A. V. Vishnevskiy, Tashkent, Uzbekistan; 2Hospital Surgery Kafedra, Tashkent Medical Academy, Tashkent, Uzbekistan

We biopsied at least two nodal station.

Results: The results of this procedures are indicated in table 2.

Table 2. Types of histology

<table>
<thead>
<tr>
<th>Histology</th>
<th>Number of patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarcoïdosis</td>
<td>32</td>
<td>14.67</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>21</td>
<td>9.63</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2</td>
<td>0.91</td>
</tr>
<tr>
<td>Small cancer</td>
<td>13</td>
<td>5.96</td>
</tr>
<tr>
<td>Non-small cancer</td>
<td>96</td>
<td>44.03</td>
</tr>
</tbody>
</table>

The method was not successful in four cases, which necessitated another procedures of diagnosis (thorascopy). For non small lung cancer the mediastinoscopy was a method of diagnosis in 79% of cases for patients contra-indicated for pulmonary resection (metastases, extrinsic respiratory disfunction, mediastinal invasion). In 18.75% of non small cancer we applied a neoadjuvant treatment with secondary resection. There was no intra- or postoperative mortality in this material. No major bleeding necessitating further surgical occurred. There weren’t wound infection.

Conclusions: We still consider mediastinoscopy as a safe and efficient way of examining mediastinal pathology.
P2431
Spontaneous pneumothorax and Marfanoid phenotype

Veronikha Maria, Goyovora Svetlana, Nechoega Galina. Therapy and Family Medicine, Omsk State Medical Academy, Omsk, Russian Federation

It well-known that the spontaneous pneumothorax (SP) and apical bulls are diagnostically criteria of a Marfan syndrome. However the Marfan syndrome is a rare pathology, and the SP at tall and thin young men meets very often. For the purpose search of features of a Marfan syndrome has been surveyed 270 patients with a primary SP. Among patients men (n=248) prevailed, middle age of patients has made 24 years.

We have analysed major and minor criterions of the Marfan syndrome in the skeletal system, ocular system, cardiovascular system, skin and integument and dura. Cerebral major criterion met most often. Anterior chest deformity have been diagnosed for 14 patients, at 33 patients isnted reduced upper-segment to lower-segment ratio or arm span to height ratio more 1.05, at 62 patients were wrist and thumb signs. Scoliosis or spondylolisthesis have been taped at 45 patients. Medical displacement of the medial malleolus, causing pes planus were observed at 28 patients. Cerebral minor criteria and their combinations have been diagnosed for 112 patients. Dilatation of the ascending aorta and other are not diagnosed in one case. However such minor criteria as mitral valve prolapse has been diagnosed for 125 patients. Skin and integument criterion have been diagnosed for 38 patients. Ocular and dura criterion met seldom. The combination of criteria has not allowed to diagnose Marfan syndrome at one patient, however allows to speak about presence Marfanoid phenotype at the patients with a SP. The finding of a strong association with SP with Marfanoid phenotype suggests that in many patients may be a manifestation of a systemic abnormality of connective tissue.

P2432
Bronchial stump insufficiency after pneumonectomy in purulent-destructive diseases of lungs

Shubrat Hudyaybergos1, Georgiy Puhomov1,2, Ramet Hayaliyev1,2, Ortikali Irtisson1, Ouobek Eshonhodjaev1,2, Sharif Rahimiy1,2, Department Surgery of Lungs and Medistimun, RSCS Named After Acad. V. Vahabov, Tashkent, Hospital Surgery Kafedra, Tashkent Medical Academy, Tashkent, Uzbekistan

As is well known, bronchial stump insufficiency (BSI), bronchopleural fistulas (BPF) and connected with them empyea pleura are the main reasons of the re-duction to efficiency of the surgical treatment of lung cancer, purulent-destructive diseases of lungs (PDDL) and other surgical pathology of thorax.

Material and methods: Results of complex examination and treatment of 684 patients had comparative analysed, from which 575 (84.1%) patients underwent pneumonectomy (PE) on cause oncological pathology or PDDL, but 109 (15.9%) patients were treated on cause BPF after PE. The average age 56,4±4,1 years.

The main group has formed 98 patients, admitted for 2006-2008 and undertaken diagnostic process once of the surgical treatment, founded on determination of the groups of the risk of the development BSI after PE.

Results: The frequency BSI after PE depending on presence different factor among 87 patients with PDDL was apart considered. PE on the right made in 25 (28.7%) patients, on the left in 62 (71.3%) patients. BSI after PE is revealed in 4 (16.0%) patients and 7 (11.3%) accordingly. PE on cause BPF noted increasing of the frequency BSI from 10,5% to 12,6% (11 from 87 patients), and risk of the development of this complication, depending on side of the operations forms - 16,0% after right-side and 11,3% after left-side PE.

Conclusions: In patients with oncological profile, which is planned PE, frequency of accompanying COPD forms 53.8% patient then in patients with PDDL, this factor reaches 75,2%, in turn exacerbation COPD after performing PE not noted in 48,8% and 63,6% patients accordingly, but risk of the development BSI on this background reaches 16,5% that requires including in the treatment nebulised therapy.

P2433
Congenital pulmonary airway malformation in a 10 year old male adolescent

Maria Nisha Banque. Pulmonary and Critical Care Medicine Section of Pediatric Pulmonology, Philippine Heart Center, Quezon City, Philippines

Congenital pulmonary airway malformation (CPAM), more commonly and previously termed congenital cystic adenomatoid malformation is an uncommon anomaly characterized by multicystic lesions due to proliferation of the respiratory bronchioles. This lung anomaly has an incidence of 1:25,000-35,000 and 90% of this number occurs in children below 2 years old. Late-onset CPAM is an infrequent illness and requires a high level of suspicion. It usually presents in the form of repeated infections but very rarely remains to be asymptomatic until its diagnosis. This is a case of a previously healthy, apparently asymptomatic 10 year old male adolescent who had an incidental finding of a pulmonary bulla on chest radiograph taken while he was worked up because of a high grade fever which eventually he was diagnosed of dengue fever. He underwent elective right upper lobe lobectomy and was discharged improved on the 4th post-operative day. The final histopathologic result is consistent with a congenital pulmonary airway malformation, type 1.

P2434
Lung volume reduction surgery for a decompenorated COPD – Case report

Cornel Petriatu1, Cornel Sava1, Nicolae Gulea1, Gina Golia1,2, Clinic of Thoracic Surgery, 1Clinic of Pulmonology, National Institute of Pneumofthisiology Prof. Dr. Marius Nastu, Bucharest, Romania

Introduction: Lung surgery reduction is a known method which can improve the quality of life for certain COPD. Parts of the lung that are particularly damaged by emphysema are removed, allowing the remaining, relatively good lung to expand and work better.

Clinical features: The work presents a patient with stage IV COPD admitted in our service after a severe decompensation. Comorbidities: severe obesity, chronic coronary ischemic disease and diabetes, left pneumothorax (secondary a giant bulla of emphysema) and infectious pneumonia. We maintained the antibiotherapy and we applied an anterior pleurotomy on the left medioclavicular line. The evolution was initially good with suppression of the tracheotomy’s tube and of the pleurotomy’s tube in five days.

Surgery: 48 hours after removing the chest tube, the pneumotorax received and we decided the surgery treatment. We performed the resection of the giant bulla and mechanical pleurodesis.

After opening of the bulla we used a fold of visceral pleura to covering the cavity in separated points.

The outcomes: The postoperative evolution was very good with spontaneous closure of the tracheostomy and with ablation of the tube in a week. The respiratory test indicated a improved with 15%.

Discussion Lung volume reduction surgery is indicated in selected cases, after surgery both lung functional tests and clinical performance of the patient being improved.
Foreign body aspiration is a serious condition with risk of mortality. It happens at all ages but mostly at childhood. Chest x-ray can demonstrate the foreign body if it is radioopaque. But laterally and oblique chest graphies must seen for the exact diagnosis with its size and localization. We report two cases admitted with same symptoms indicate to foreign body but different final diagnosis.

**Case 1:** A 1.5-year old child with Down syndrome was admitted to emergency clinic of our hospital with cough, wheezing and stridor. There was a history suitable for a foreign body aspiration and no any other significant history. Chest x-ray demonstrated an opasity similar to a foreign body. We performed a rigid bronchoscopy. There was no foreign body in his tracheobronchial system. Thereby esophagoscopy was performed under scopy. Again there was no foreign body although the image was suitable to a foreign body. In the postoperative period with a more detailed investigation it was understood that the radiological opacity was an endovasculary stent set up with angiography to carry on PDA for another cardiac disease treatment.

**Case 2:** A 7-year old child was admitted to our hospital with persisting cough, wheezing and stridor. Clinical history and chest x-ray demonstrated a foreign body similar to the first case. Rigid bronchoscopy was performed and a metallic foreign body (pencil bow) is extracted from left main bronchus. History takes a great role in diagnosis of foreign body aspiration. Radiological investigation must perform to all suspected cases. Although a chest x-ray demonstrate mostly atelectasis and hyperaeration at the affected side a normal graphy can not eliminate the foreign body. If the suspicion persists we must apply bronchoscopy.