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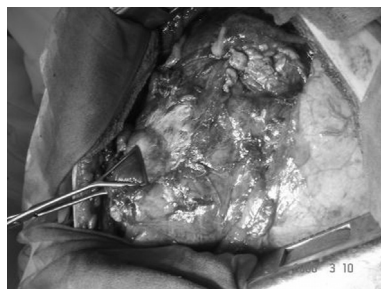
260. Surgery for infections and congenital diseases

P2397

Experience of surgical treatment of massive purulent-destructive processes of the lungs and pleura

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Given the conditions of the Far North and the specificity of the social status of some patients, we have extensive experience in the surgical treatment of massive, widespread purulent-destructive processes. Despite the possibility of treating this disease patients conservatively, performing minimally invasive procedures, we concluded that it remains relevant surgical radical intervention - lung resection, removal of empyema cavity, to prevent chronicity and recurrence of the process. We have experience treatment 679 patients: 310 conservatively, 369 surgical method of treatment. The main indications for radical surgery have been ineffective conservative therapy and the progression of the process, the recurrence of a chronic process, initially massive processes, life-saving operation: bleeding, a large pulmonary pleural fistula, the threat of sepsis (big abscess, gangrene and empyema).



We are get almost patients fit for the operation (conservative therapy). We performed 380 operations: 151-lobectomy, 15-bilobectomy, 64 atypical resections, 18-segmentectomy, 67-pneumonectomy, 40-decortications and elimination of empyema cavity without resections, 16-VATS decortications, 9-reamputations stump of bronchus. We have good results after operations: only 5 patients died (1.3%), 48 - complications (13%) (13 of them - inconsistency of stump of bronchus), 360 patients (97.6%) - after radical interventions recovered.

P2398

Effectiveness of partial lung resection at multi-drug resistance of tuberculosis mycobacteria

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Partial resection of lung at multiple drug resistance of mycobacteria was performed in 59 patients (males -36, females - 23) in ages 17 – 54 years. All the patients had fibrous-cavernous tuberculosis with long clinical course (over 3 years) and resistance of mycobacteria to isoniazid + rifampicin in 4 patients, to isoniazid + rifampicin + streptomycin – in 24, to isoniazid + rifampicin + streptomycin + ethambutol – in 31. The characteristic peculiarities of illness were dissemination (61.0%) and progress (45.8%) of the tubercular process, pulmonary hemorrhage (27.1%), various concomitant pathology (32.2%), and ineffectiveness of preceding long treatment. After pre-operative chemotherapy (pirazinamid + amikacin + ofloxacin + protionamide + paraaminosalicylic acid + cycloseril) with pneumoperitoneum, UV irradiation of blood, transfusion of protein, saline and synthetic solutions, a segmental lung resection was performed in 9 patients, lobectomy – in 38, combined resection – in 12.

After operations, bronchial fistula and pleural empyema developed in 4 patients, early re-activation of tuberculosis – in 3. These complications were eliminated in 6 patients.

Good effectiveness of partial lung resection was reached in 58 patients (98.3%). One patient (1.7%) died from the progress of post-operative pleural empyema and cardio-pulmonary insufficiency.

Conclusion: Partial resections at fibrous-cavernous tuberculosis with multiple drug resistance of mycobacteria is a highly effective method of treatment and it heals 98.3% of patients with chronic pulmonary pathology.

P2399

Lung resection in hematologic patients with pulmonary invasive fungal disease: Changing pattern in recent years
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Pulmonary invasive fungal disease (IFD) is a frequent complication in patients with hematologic malignancies. We analysed the outcome of 71 hematologic patients undergoing lung resection for suspected pulmonary IFD at a single centre and we compared patients operated before 2002 (group A n=41) with those undergoing surgery after 2002 (group B; n=30). Forty-four patients were neutropenic and 41 had a platelet count below 50 x 10⁹/L. 45 non-anatomical resections and 26 lobectomies were performed. Fungal infection was histologically proven in 53 patients. Reoperation was needed in 4 cases: bronchial stump dehiscence, persistent air leak, chylothorax and seroma. Minor complications at the site of surgery occurred in 14 cases. In only two cases there was an uncontrolled disseminated fungal infection. Overall mortality at 30 days was 7% (5/71). The age was significantly higher (group B 40y versus group A 49y, p=0.0239) in the recently operated patients and a significant difference in ASA score (score III/IV 17% in group A versus 90% in group B, p<0.0001) was found between the two groups. Recently operated patients underwent VATS in 47% of cases as compared to 5% in group A. In contrast to group A there were 6 cases of rare fungal infections in group B (2 *Homophyella*, 2 *Rhizopus*, *Mucor*; *Zygomycetes*).

Conclusion: Lung resection is a therapeutic option for hematological patients suffering from pulmonary fungal infection with an acceptable morbidity and mortality. In recent years patients were older, sicker, VATS was performed more often and in a considerable number of cases rare fungi could be detected.

P2400

Argonplasma coagulation in surgery of pulmonary tuberculosis
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Background: Argonplasma coagulation (APC) proved itself to be a hemostatic tool in various fields of surgery (Farin G., Grund K.E. 1994). Coagulation occurs without contact the active electrode with the tissue, while the flow argon displaces the zone of coagulation of oxygen, which reduces burning of tissue. The problem of bleeding in surgery of severe forms of pulmonary tuberculosis (PTB) is difficult and unsolved.

Aims: To employ APC in this field and assess initial (first) results.

Methods: APC was applied in 66 cavitary PTB patients with the help of High-frequency electrosurgical APC generator. Namely, in 13 pneumonectomies, in 29 lobectomies, and in 24 cases for debridement of empyema cavity including 12 videothoracoscopic procedures. In cases of firm adhesions pneumolysis was performed using regimen BLEND cutting with coagulation. For haemostasis during debridement we used FULGUR forced deep argon beam coagulation. SPRAY contactless argon beam coagulation was used for haemostasis and pneumostasis of the lung surface.

Results: In all cases a proper haemostasis was possible. There were no complications after APC procedures. Average blood loss was 565 ml, which is 23% lower than in patients where APC was not applied. No appreciable air leakage was detected after APC treatment of the lung surface.

Conclusions: The first experience of using this method showed that it is very promising in solving the serious problem in PTB surgery - providing reliable hemostasis as well as preventing air leakage after releasing lung of adhesions.

P2401

TB empyema

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Background: Parapneumonic effusion mostly is resolved with medical management but sometimes became complicated. We studied the etiology and possible underlying causes of it.

Materials and method: Study on 81 patients with postpneumonic empyema which required decortication carried out. in Kashan, Shahid Beheshti General Hospital, from Oct 2007 to Dec 2011. Management of patients such as appropriate antibiotic, and thoracostomy tube drainage was done in internal medicine ward. Complicated cases were referred to us for thoracotomy and decortication.

Sex, age, occupation, possible risk factors, surgical methods, pathological results and complications were considered.

43of the patients underwent posterolateral thoracotomy, and the rest by VATS, complete evacuation of fibrin clots, septae, necrotic tissue, fluid from the pleural cavity and fully expandable lung was achieved.

Results: Patients' age ranged from 17 to 76 with a mean of 46 years. F/M was 5:1. The most common clinical findings were fever (88%), pleural dull pain (81%), productive cough (74%) and dyspnea (71%). PPD test was negative in all patients. ESR(25-50)=72% and tee rest>100. In 78%, white cell count was normal; in remainder it was more than 11.000. Bacteriological findings were negative and acid fast basili were not detected. Tissue diagnosis after decorticating showed tuberculosis in 20(24%) patients and necrotic tissue in remainder. Morbidity rates were acceptable and there was 2late mortality.

Conclusion: In parapneumonic effusion not responding to standard treatments, tuberculosis as an underlying cause must be considered, specially in addicted patients, or ESR >100. Once medical therapy is seemed to have failed, early VATS or thoracotomy and decortication is recommend. This may identify underlying causes.

P2402

Simultaneously transdiaphragmatic approach to liver and lung cysts
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Background: Hydatid cysts are clinical problem at developing and non developed countries. Liver and lung are the two organs which they often settle. In this study we aimed to present lung and liver hydatid cysts which we underwent transdiaphragmatic surgical approach.

Methods: Consecutive 50 patients with lung and liver hydatid cyst whom underwent surgical treatment by transdiaphragmatic way at our clinic between January 1998 and December 2011 were evaluated retrospectively.

Results: Twenty-four (48%) patients were male and 26 (52%) patients were female. The average age of the patients was 34±21 (3-72 years old). All cases have liver cyst and 37 of them also have lung cyst. In 9 of the 37 patients with lung cyst, lung cysts were bilateral. Average cyst diameter (In patients whom have multiple cysts the largest cyst diameter has taken) was 9.9±3.5 cm (4-18 cm). Forty-eight of the patients were approached with thoracotomy, one of them is approached with laparotomy and one of them is approached with median sternotomy. In 49 cases it was interneved to liver and in 1 case it was interneved to lung by phrenotomy. Excessive biliary drainage was observed in postoperative 2 case. In one case fistule was observed from drain path which is placed in liver cyst. Plevral effusion was observed in one patient. None of the patients was no hospital mortality. Average hospital stay was 9.4±3.8 (3-21 days).

Conclusion: Simultaneously transdiaphragmatic approach at lung and liver dome cysts is a safe and effective treatment method.

P2403

The management of postoperative complications in childhood pulmonary hydatid cysts

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Background: Hydatid disease in children has previously been discussed many times in the literature. However, management of postoperative complications has been rarely discussed. In this study, the complications of our cases are evaluated and discussed.

Material and methods: Ninety-seven patients under 16 years of age with hydatid cysts who were operated on between January 2001 and January 2007 were analyzed retrospectively. All the patients were followed up with examination and chest X-ray after surgery. The complications occurred in the first 48 hours after surgery are considered as early complications, and the complications between 48 hours- 30 days are considered as late complications.

Results: 61 male and 36 female pediatric hydatid disease patients with a mean age of 10.31 were operated on. Postoperative first 48 hours, atelectasis was observed in 17 cases (17.5%) and bronchoscopy was performed for these patients. After 48 hours, pneumonia occurred in one patient and he was treated with antibiotics. Prolonged air leak was observed in 4 patients (4.1%) and they were treated with continued tube thoracostomy. 2 patients with prolonged air leak were hyperventilated with positive pressure under general anesthesia. Wound infection was seen in 2 patients. Regular wound dressing and antibiotic treatment were performed for these cases. Empyema was occurred in 2 patients. In these cases antibiotics were given and tube thoracostomy was continued.

Conclusion: Atelectasis, which is the most common postoperative complication, should immediately be treated. It should be kept in mind that early treatment of atelectasis prevents the development of greater complications in children.

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P2404**How severe pulmonary hemorrhage influence on surgical tactics at patients with lung abscess and gangrene?**

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Objective: Surgical management at patients with acute lung abscesses and lung gangrene based on lung destruction sizes, presence of complications, degree of SIRS, efficacy of therapeutic methods, particularly severe pulmonary hemorrhage (blood loss more than 500 ml).

Methods: We have carried out an analysis of our experience of treatment of patients with lung abscesses and gangrene. There were 1842 patients with lung abscess and 176 patients with lung gangrene from 1985 till 2011 years. We have observed severe pulmonary hemorrhage at 45 patients (2,4%) with lung abscess and at 23 patients (13,1%) with lung gangrene.

Results: At 1797 patients with lung abscess without severe pulmonary hemorrhage therapeutic methods of treatment were effective at 1490 patients (83,0%), chronicity of disease – at 274 patients (15,2)%. We have performed 3 pneumonectomies, 121 lobectomies, 102 wedge resections. Mortality – 33 patients (1,8%). At 153 patients with lung gangrene without severe pulmonary hemorrhage regress of inflammation was achieved in 117 cases (76,5%). We performed 8 pneumonectomies, 69 lobectomies, 16 wedge resections. Mortality – 6 patients (3,9%).

From 68 patients with severe pulmonary hemorrhage 10 dead before operation. To another 58 patients at first we perform roentgenoendovascular embolization of bronchial arteries, then 16 pneumonectomies, 42 lobectomies. General mortality – 26 patients (38,2%).

Conclusions: At patients with acute lung abscesses and lung gangrene operation must be performed at period of pneumofibrosis or at appearance of severe pulmonary hemorrhage.

P2405**Pre-school children with hydatid disease of lung**

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Background: Hydatid cyst is a major health problem in developing countries and it usually settled in lungs in children. In this study we aimed to present our pre-school children cases with lung hydatid cysts that we underwent surgical treatment.

Methods: We retrospectively investigated 42 consecutive pre-school patients who were diagnosed and surgical treated for hydatid cysts in our clinic between January 1998 and December 2011.

Results: Seventeen (40,5%) patients were female and 25 (%59,5) patients were male. The average age of the patients was 5.2±1.3 (between 2-7 ages). The most common symptoms were cough (%74), chest pain (%26,2) and fever (%26,2). Twenty eight cases' cyst was in only one lung, in five case cyst was in single lung and liver, in six cases cyst was in bilateral lungs and liver, in three cases cyst was in bilateral lungs. Average cyst diameter was 6.2±2.4 (2-12 cm). It was intervened to right lung and liver cysts by transdiaphragmatic approach together in five cases. In different seance operation was performed to nine patients with bilateral cyst hydatid. Muscle protector thoracotomy was performed in eight cases. Cystotomy and capitonnage were applied to all lung cysts. There was one case of postoperative atelectasis and bronchoscopy was performed. In one case, postoperative fever was observed. Postoperative mortality was not observed.

Conclusion: Surgery is the definite treatment of lung hydatid cyst. The most important way to protect against adverse effects of thoracotomy is to eliminate routes of transmission.

P2407**New approaches to surgical treatment of patients with tuberculosis of lungs revealed for the first time in combination with diabetes mellitus**

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257 patients with destructive tuberculosis of lungs and diabetes operated in the Institute (last 25 years). Men - 148 (57,58%), women - 109 (42,41%), aged 14-67 years. Insulin-dependent diabetes - 199 (77,43%), insulin-independent - 58 (22,57%): severe form - 174 (67,7%), moderate - 62 (24,13%), light - 21 (8,17%). Before reaching the Institute - chemotherapy (6 months) - 95 (36,96%), 6-12 months - 150 (58,37%), none - 12 (4,67%). Indications to operation: tuberculoma - 125 (48,64%), fibrocavernous tuberculosis - 109 (42,41%), cavernous - 5 (1,95%), disseminated - 4 (1,56%), caseous pneumonia - 14 (5,45%).

New methods of preoperative preparation, operative and postoperative treatment (using erbisol and other new preparations) worked out.

Segmentectomy - 188 (73,15%), lobectomy - 59 (22,96%), bilobectomy - 7 (2,72%), combined resection - 20 (7,78%), pneumonectomy - 19 (7,39%), pre-

cising resection - 25 (9,73%), new methods of cryosurgery, videothoracoscopy, including biological welding of tissues.

Complications - 27 (10,51%), lethality - 5 (1,95%), clinical effect - 252 (98,05%). After discharging from the Institute chemotherapy - 7-12 months on the background of dietinsulintherapy, treatment against relapse - spring and autumn (3 years). Full clinic effect (1-18 years) - 92,5%.

So, taking into consideration particular features of tuberculosis course, mutual complication of both diseases, experience of many years, high efficiency of complex treatment let work out the indications to resection of lungs in cases of tuberculosis with diabetes. New methods of treatment were worked out and new technologies of operation were introduced.

P2408**P2409****Destroyed lung secondary to tuberculosis – Surgical options**

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After pneumonectomy, mortality and morbidity rates are very high comparative to other lung resections. Suppurative pathology increase more this rates, forcing the surgical team to find the best solution for each patient.

The authors present a group of 12 patients with destroyed lung secondary to TB. Left pneumonectomy was performed in 10 cases and right pneumonectomy in 2 cases. Mean age of the patients was 42,4 years, and sex ratio was 66.66% male and 33.33% female. Extrapleural pneumonectomy was performed in 10 cases. Several techniques were used to prevent broncho-pleural fistula (covering the bronchus stump with mediastinal fat, muscular flap, azygos vein; performing Azorin's technique prior to pneumonectomy). Mean hospitalisation was 9 days.

We recorded 1 postoperative death secondary to myocardial infarct. One patient had tardive broncho-pleural fistula at 6 months, requiring Elloesser procedure and secondary thoracomioplasty. Eight patients received anti-TB drugs for 6 month post-operative. Social reinsertion was good for all patients.

Using appropriate surgical approach for each patient, the postoperative results were very good, the mortality and morbidity rates being comparable with other pathology.

P2410**Early intervention in congenital cystic adenomatoid malformation (CCAM)**

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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

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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.

P2411

Computed tomography-detected apical bullae in young men with Marfanoid phenotype

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Subpleural bullae in young men are often the cause of primary spontaneous pneumothorax (SP), which is one of the common thoracic surgical conditions requiring hospital admission. Screening and prevention SP have not been developed so far, because the lung bullae pathogenesis in young people is not known. One hypothesis suggests a hereditary weakness of the connective tissue, the most studied in patients with Marfan syndrome. The aim of this study was to investigate the prevalence of asymptomatic bullae among young patients with Marfanoid phenotype. High-resolution computed tomography (CT) performed 50 clinically healthy men with no episodes of primary SP in history. Marfanoid phenotype was diagnosed in identifying specific major and minor criterion (skeletal, skin, eye, vascular, and others), which together made it impossible to diagnose the full Marfan syndrome. Deficiency of alpha 1-antitrypsin was rejected after a genetic test. The average age of the surveyed was 24 years. The men were smokers with a little history of smoking. CT showed the presence of bullae in 12 men (24%). The frequent maximal size of bullae was 0.5-1cm and the average number of bullae was 1-6. In almost all of the cases bullae were located in the apex. In 5 cases bullae were spread more extensively and were found up to the level of the carina and in 2 patients also below the carina. Correlation analysis confirmed the association between bulls and smoking history, as well as the severity of skeletal changes. These data confirm the importance of hereditary diseases of connective tissue in the genesis of bullous emphysema. CT scan may be useful for determining the risk and prevention of primary SP.

P2412

An extraordinary triplet and a single surgery: Lung cancer, retained bronchial foreign body and actinomycosis

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This unique and previously undocumented report illustrates an extremely rare co-occurrence of early staged-primary bronchial carcinoma, retained organic bronchial

foreign body and actinomycosis on the right lower lobe of a patient in whom resective surgery was curative.

A 67-year-old-man was hospitalized to evaluate the etiology of recurrent pneumonia. Thoracic computed tomography revealed an ill-defined mass with heterogeneous density, invading nearly total of the right lower lobe. Fiberoptic bronchoscopy showed a rigid, mobile, gray endobronchial lesion on the orifices of right lower sub-segments associated with dense granulation tissue. Histopathological examination of the biopsy from the upper segment was reported as bronchogenic carcinoma. Right lower lobectomy was performed. During the removal of the lower lobe, a hard, brownish foreign body was detected on the orifice of lower lobe sub-segments. The foreign body was a retained seed of "Cherry laure".

Also in the parenchyma, focal fields of actinomycosis was detected.

In cases with retained bronchial foreign body in whom chronic respiratory problems (actinomycosis as well) lead investigative approaches, a simple bronchoscopy may offer the chance of the diagnosis of an early-stage bronchogenic carcinoma. It is a debate to conclude that chronic retained foreign body is the cause of the neoplastic course.

P2413

Diaphragmatic plication for diaphragmatic eventration: An evaluation of mid-term results

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Diaphragmatic eventration is a rare congenital anomaly in the muscular portion of the diaphragm. Eventration of the diaphragm is occur due to congenital or acquired etiology, is thought to be caused by an acquired complete or in complete paralysis of the diaphragmatic leaf. Operative repair is indicated for adult patient who has symptoms. Classically transthoracic approach and diaphragmatic plication have been the approaches of choice for symptomatic diaphragmatic eventration. The aim of our study was to objectively assess our midterm results of diaphragmatic plication for hemidiaphragmatic eventration with the use of PFT.

We performed 28 diaphragma plication and analysed pre and postoperative pulmonary function tests (PFT) at our institution between 2006-2012. All operation performed under laterally decubitus position and one lung ventilation. The classical approach was a posterolateral thoracotomy through 7th intercostal space. The thinned diaphragmatic leaf was repaired with plication. We compared pre and postoperative PFT, we found significant improvements in PFT results at 3 months after operation. We had no postoperative mortality or any other major complication. Diaphragmatic plication for hemidiaphragmatic eventration demonstrated significant midterm improvements in symptom and pulmonary function test results.

P2414

Complex surgical solution for thoracic wall necrotizing fasciitis

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Necrotizing fasciitis of thoracic wall is a severe disease which is associated with a high rate of mortality, especially for immunosuppressed patients. Multiple drainage incisions, excision of necrotic tissues and appropriate antibiotherapy represent the right therapeutic solution.

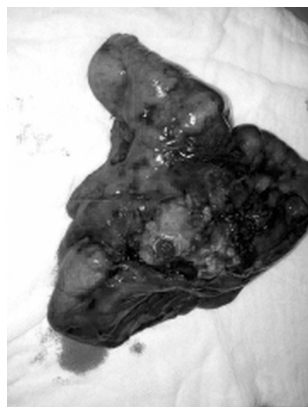
The authors present the case of 43 years old male, diagnosed with left empyema secondary to pulmonary tuberculosis. A left tube thoracotomy was performed for drainage, followed by surgical emphysema (secondary to increase air leaks) and necrotizing fasciitis surrounding the tube thoracotomy, which has extended to left hypochondrium. First, multiple drainage incisions were performed, with excision of necrotic tissues and antibiotherapy.

Azorin's procedure was performed after, closing the main left bronchus and the air leaks were stopped.



After 18 days, the thoracic wall wounds were healed, allowing left pneumonectomy to be performed. Sputum exam became negative soon after closing the left main bronchus.

Closing the left main bronchus using the Azorin's procedure stopped the air leaks, which led to decreased of microbial contamination of the thoracic wall wounds and good out-come.



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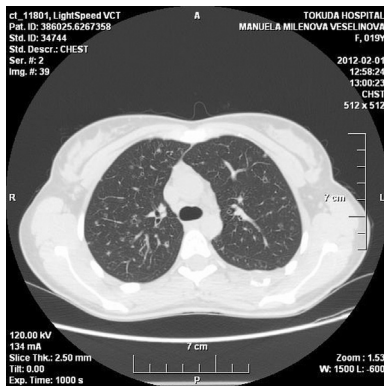
P2415

Thoroscopic video-assisted partial resection of rib for pain control in patient with atypical pulmonary and bone Langerhans histiocytosis

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Introduction: Langerhans histiocytosis (LH) is a rare disease that occurs in 1-2:2 millions of people, which affects mainly children and adults between twenty and forty years old. Bones affection is an rarely occurs.

Clinical case: A 19 year old female with severe pain and discomfort of left subscapular area. After CT procedure, it was found that there are bilaterally a great number of small diffusely scattered nodular lesions in the lung parenchyma and formations, destructed cortex on the 5-th rib with the suspected for histiocytosis X.



Treatment: A video-assisted thoroscopic (VATS) partial resection of the fifth rib has been made, under three port. Lung biopsy has been made over several suspected lesions. The postoperative period has been uneventful. The pain and the discomfort were reduced.



Conclusion: VATS resection of the rib could be a good modern approach to eradicate or interference of pain in the rib LH. VATS remains the ultimate cross-cutting unique therapeutic approach for the treatment of the bone Langerhans-cellular histiocytosis and change the quality of life in these patients.

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