P-541 Evaluation of the change in serum ICTP value of lung cancer patients before and after operation

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Purpose] Serum ICTP (carboxy-terminal telopeptide of type I collagen) value have been used one of the bone metastasis marker in the patients with lung cancer. But it was known that the patients who had bone fracture or hyperthyroidism etc. increased in serum ICTP value. Also, we observed that the patients after thoracotomy were tended to be a high level of serum ICTP without bone metastasis. So, we evaluated whether serum ICTP value would be a reliable indicator of bone metastasis. [Methods] From January to December in 2004, 79 patients with primary lung cancer who underwent pulmonary resections were enrolled in this study. Serum ICTP values were measured before and after operation. We investigated the relationship between serum ICTP value and any various factors. [Results] There is high level of serum ICTP in the patients with lung cancer preoperatively. ICTP was correlated with tumor size and creatinine clearance, but was not correlated with the age of patients. After removal of cancer, too high level of serum ICTP was observed postoperatively. There were significant difference in serum ICTP values between invasive thoracotomy group and less invasive one. [Conclusions] It was suggested that the diagnosis of bone metastasis must be evaluated not only to measure serum ICTP value, but also to use any other examinations.

P-542 Successful Treatment by Video-Assisted Thoracic Surgery for Pulmonary Endometriosis

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Pulmonary endometriosis is a rare disease in which uterine endometrial epithelial cells with stromal components grow in pulmonary parenchymal tissues or pleura. Catamenial hemoptysis is one of a symptom of this condition. Histopathological examinations are often difficult but important to confirm diagnosis of this disease. Generally, the medical treatment including danazol and gonadotropin-releasing hormone (GnRH) analogs is the first line for pulmonary endometriosis. However, surgical resection for this disease is considered an effective and radical treatment without the disadvantage of long term hormone therapy if the patient is young, in childbearing years and whose affected lesion is localized. We present a case of 22-year-old women affected by pulmonary endometriosis with catamenial hemoptysis which was diagnosed histologically and treated successfully by video-assisted thoracic surgery (VATS).

P-543 Pneumonectomy for complex aspergilloma: is it still dangerous?

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BACKGROUND: Pneumonectomy for complex aspergilloma is associated with high morbidity rates. This study was aimed to improve the outcomes of this high-risk procedure. METHODS: Between April 1999 and December 2004, 11 patients underwent pneumonectomy for complex aspergilloma. Median age was 63 years (36 to 71). Associated pulmonary diseases were cavities secondary to tuberculosis (n=6) and a post-lobectomy destroyed lung (n=5). All patients presented with symptoms, including hemoptysis (n=10) and purulent sputum (n=1). To minimize the risk of empyema and bronchopleural fistula, careful extrapleural dissection and bronchial stump reinforcement with a latissimus dorsi muscle flap were employed in all patients. Follow-up was completed on December 31, 2005. RESULTS: We performed 6 pneumonectomies (2 right, 4 left) and 5 completion pneumonectomies (1 right, 4 left). Operating time ranged from 361 to 781 minutes (median, 432). The median intraoperative blood loss was 1,050 ml (200 to 2,910). There was no operative mortality. The major complications were empyema (n=1) and chylolithorax (n=1). The treatment of both complications was successful. All patients were free from aspergillosis at the time of follow-up. CONCLUSIONS: Pneumonectomy for symptomatic complex aspergilloma can be performed with no mortality and low morbidity by making efforts to prevent postoperative complications.