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, the 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-544 Pneumonectomy for complex aspergillosis: is it still dangerous?

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BACKGROUND: Pneumonectomy for complex aspergillosis 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 aspergillosis. 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 lattisimus 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 chylothorax (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 aspergillosis can be performed with no mortality and low morbidity by making efforts to prevent postoperative complications.