LTC-5  An indication of lung transplantation for a patient with terminal pneumoconiosis

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A 32 year-old man with a diagnosis of terminal pneumoconiosis is presented as a candidate for lung transplantation. He suffered from a right pneumothorax at the age of 24 years, when his chest roentgenogram demonstrated numerous small nodular densities in both lungs he underwent VATS for the pneumothorax and lung biopsy. Pneumoconiosis was diagnosed pathologically. He began to feel shortness of breath on exertion at the age of 31 years and HOT was started a year later. Since his dyspneic symptom and hypercapnea worsened, NIPPV during the night was started. Thus, he was referred to our hospital for assessment of lung transplantation on October 3, 2005. The assessment studies revealed that he had severe restrictive and obstructive pulmonary disorders (VC: 21.9%, FEV1.0%: 55.4%), severe hypercapnea and hypoxemia (PaCO2: 84.7 torr; PaO2: 55.8 torr under O2 inhalation of 1.25L/min), and pulmonary hypertension (mean Ppa: 43 mmHg). However, he did not have the exact details of exposure to silica, which injures the lungs. Just after completion of the assessment, his respiratory condition worsened and treatment with a respirator was started under tracheostomy. His respiratory failure has improved and he is now under respirator management only during the night. These two issues will be discussed in terms of the indication of lung transplantation.