

OMENTHO-THORACO-MYOPLASTY FOR POST SURGICAL BRONCHO PLEURAL FISTULA

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Objectives:

We have to consider Broncho-Pleural-Fistula (BPF) one of the major complications in resective pulmonary surgery. The modern reported incidence is from 2,1 to 10% and mortality from 16.4 % to 71.2%. It is mandatory to try to avoid this important complication.

Materials and methods:

At the Department of Thoracic Surgery of Verona, Italy, from 1990 to 2005 n. 3607 patients were treated with pulmonary resections. We had 69 (1.91%) BPF. Of these 18 (26.06%) died, 9 discharged with chest tube or open window, 3 lost to follow up and 39 surgically treated (3 immediately and 36 in a second time with omento-thoraco-myoplasty). The median time from the two operations was 265 days (range from 1 to 462).

Results:

In the group of 39 patients surgically treated we had 3 deaths (2 for the early and 1 for the tardive surgery) so the total operative mortality was 7.69% but if we consider the 36 patients tardive treated with omento-thoraco myoplasty (OTM) the mortality was 2.7%. Anyway the final mortality rate for BPF was 30.5%. We had no problems with the other patients.

Conclusions:

When BPF appears we think that, after the acute phase treated by chest tube and open window, the final and curative treatment is an OTM and chest closure. Anyway the best manage for BPF is to reduce the risk factors before, during and after the first resective operation.