

SURGICAL MANAGEMENT OF BRONCHOLITHIASIS DUE TO TUBERCULOSIS WITH HEMOPTYSIS

Reza Bagheri, Ziaollah Haghi. Mashhad-Quaem, Iran.

Introduction: Bronchiolith is often seen after chronic granulomatosis diseases such as tuberculosis and histoplasmosis and leads to a wide spectrum of signs and symptoms; including hemoptysis which often needs surgical management. The goal of this study is evaluation of surgery in patients with tuberculosis bronchiolith who present with hemoptysis.

Material & method: In this retrospective study all patients with tuberculosis bronchiolith whom have been operated on between 1991 and 2005 and their follow-up period was at least 6 months and at most 9 years were included and have been studied about age, sex, clinical symptoms, diagnostic methods, type of surgical treatment, complications and mortality rate.

Result: Overall 5 patients have been studied. (M/F=2/3, mean=31 y), 40% with sever and 60% mild to moderate and recurring hemoptysis, lesion at left in 80% and at right in 20%, in 60% of patients some degrees of bronchiectasia were seen, in 80% the lesion was visible in bronchoscopy and endoscopic removal of lesion failed in all. 60% of patients underwent pulmonary resections and in 40% bronchiolithotomy have been done. In follow-up, patients with pulmonary resection have had no problem till now, but in patients with bronchiolithotomy due to occurring late bronchiectasia, re-operation and pulmonary resection was unavoidable. There was no mortality.

Conclusion: We recommend surgery in all patients with tuberculosis bronchiolith and possible occurrence of late bronchiectasia after bronchiolithotomy, our recommendation is pulmonary resection distal to lesion and saving as much of parenchyma as possible. Bronchiolithotomy should be done only in patients in whom pulmonary resection is not technically possible.

Key words: Bronchiolith, tuberculosis, hemoptysis, surgery