

COLLAPSE SURGERY IN PATIENTS WITH DESTRUCTIVE LUNG TUBERCULOSIS

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Summary

An experience of application of different kinds of thoracoplasty in treatment of 35 patients with destructive lung tuberculosis have been presented in the article. At the time of admittance there were 32 (91,4 %) smear-positive patients; 29 (82,6 %) of them produced MDR strains of mycobacteria. The following operations were performed: usual extrapleural thoracoplasty — 11 (31,4 %), extrapleural thoracoplasty with lung resection 7 (20 %) (upper lobectomy- 4, resection of upper lobe- 1, upper bilobectomy — 1, pleurapulmoectomy-1, lung resection with simultaneous extrapleural toracoplasty and forming of new pleural apex -9 (25,7 %) (upper lobectomy -6, upper bilobectomy — 2, combined resection-1, intrapleural thoracoplasty with lung resection -5 (14,3 %), bilateral surgery with different kinds of thoracoplastics -3 (8,6 %). Total effectiveness of surgery within 4 years follow-up period was 80 %. Sputum conversion was achieved in 23 patients (71,9 %). 4 (11,4 %) patients underwent repeated surgery because of postoperative complications. Relapses or further worsening of disease in postoperative period were in 3 (8,6 %) patients. Postoperative lethal outcome was in 5 (14,3 %) patients.