

THE COLLAPSE SURGICAL TREATMENT OF PATIENTS WITH MULTI-DRUG RESISTANT TUBERCULOSIS

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Abstract

Aim: an evaluation of effectiveness of different types of collapse surgery in multi-drug resistant tuberculosis (MDR-TB) patients was performed.

Materials and methods. The analysis was conducted in 75 MDR-TB patients. Indications: fibro-cavernous tuberculosis with one or more cavities in the upper lobe of the lung with moderate focal or widespread dissemination, fibro-cavernous tuberculosis in the operated lung, bilateral one lobe fibro-cavernous tuberculosis. Basic technique — 5-7 ribs extrapleural thoracoplasty with apicolysis, mediastinal pneumolysis, fixing apex and subscapular collagenization of extrapleural space. In patients with bilateral collapse surgical treatment extrapleural thoracoplasty on the side of larger lesions was performed, and the local extrapleural pneumolysis with collagen on the other part was done. Assessment of immediate results considered the following outcomes: "significant improvement" — closure of cavity and bacteriological conversion; "improvement" — bacteriological conversion, reduction of the cavity in size; "deterioration" — postoperative progression with bacteria excretion, increasing the size of the cavity or new cavities formation; "death". The effectiveness of long-term results was evaluated after 2 years of follow-up with the following outcomes: "clinical cure", "progression", "chronic disease", "death". A specific antibacterial treatment of patients in the pre- and postoperative periods was carried out in accordance with current guidelines.

Results. Improvement has been achieved in 95,0% of cases with the upper-osterior and anterior localizations of caverns. A bit worse, but nevertheless satisfactory, thoracoplasty results in patients with giant cavities (80,0 %), multiple cavities (87,5 %), a cavity in the operated lung (69,2 %) were achieved. In general, improvement was achieved in 86,6 % of patients. Deterioration or progression of the disease were registered in 10,7 % of cases. In remote periods of observation (over 2 years) progression was registered in 5,0 % of patients, chronic disease — in 6,8 %, death — in 8,5 %. Clinical cure was achieved in 84,7 % of cases.

Conclusions. The use of modern collapse surgical technique can achieve positive immediate clinical effect in 86,6 % and long term clinical cure — in 84,7 % of patients. The use of the collapse surgery in patients with specific and functional contraindications to lung resection can significantly extend the possibility of providing medical care to patients with pulmonary MDR-TB.

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