RESULTS OF THE USE OF MINI-INVASIVE SURGERY AS A METHOD OF SURGICAL TREATMENT OF PATIENTS WITH PULMONARY TUBERCULOSIS

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Abstract

Objective: to study the results of video-assisted thoracic surgery (VATS) as a method of surgical treatment of patients with pulmonary tuberculosis (TB) in comparison with the results of classical thoracotomy.

Materials and methods. A retrospective analysis of 278 surgical interventions in patients with pulmonary TB who were examined and treated at NIFP NAMSU in the period from 2008 to 2018 years was performed. Study patients were distributed into 2 groups: main group: 130 patients who underwent video-assisted lung resections; control group — 148 patients with pulmonary TB, who underwent surgical treatment using classical thoracotomy.

The following VATS resection interventions were performed in the main group: typical segmentectomy — 48 (28,4 %), lobectomy — 48 (28,4 %), bilobectomy — 2 (1,2 %) cases. In 4 (2,4 %) cases VATS pulmonectomy was performed.

Results. The average duration of VATS resections was (75,1 ± 22,3) minutes, whereas open lung resections lasted in avarage (165,2 ± 21,4) minutes. The average intraoperative blood loss in VATS lung resections was (85,4 ± 1,6) ml, while in the control group — (185,2 ± 3,3) ml. Early mobilization (up to 3 days) was observed in 104 ((80,0 ± 3,5) %) cases in main group and in 4 ((2,7 ± 1,3) %) patients in the control group. The average length of stay of the patient at hospital in the postoperative period in the main group was (12,4 ± 0,5) days, and in the control — (24,2 ± 0,6) days. The overall rate of postoperative complications of the main group was 17 ((13,1 ± 3,0) %) of cases, while in the control group — 24 ((16,2 ± 3,0) %) of cases.

Conclusions. VATS surgical interventions are low-traumatic, promising, effective methods of surgical interventions and increase the overall effectiveness of treatment by 3,0 %, but require differentiated selection of patients.

Key words: pulmonary tuberculosis, video-assisted lung resections, open lung resections.

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