

USE OF VALVE BRONCHIAL BLOCKING IN TREATMENT OF CHEMO-RESISTANT PULMONARY TUBERCULOSIS

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Abstract

Endoscopic bronchial valve blocking is a type of interventional bronchoscopy, which makes a therapeutic hypoventilation with the subsequent development of atelectasis in the affected area of the lung while maintaining the drainage function of the blocked bronchus and the cavity of destruction or closure of the bronchial defect by using an endobronchial valve.

Aim: to evaluate the results valvular bronchial blocking in patients with chemo-resistant pulmonary tuberculosis (CRPTB) instead of surgical intervention or in the postoperative period.

Materials and methods. 94 bronchial blockages were performed in patients with CRPTB. The patients were divided into three groups. Group I (36 patients) — a valve was placed during chemotherapy without surgical treatment. Group II (31 patients) — pyopneumothorax with destruction cavity discharge into the pleural cavity. Group III (27 patients) — volume reduction surgery (lobectomy, bilobectomy and pneumonectomy), complicated by the bronchial stump incompetency.

Results. In group I favorable outcomes were observed in 27 cases (75,0 %). In patients with pneumothorax, complicated by empyema of the pleural cavity and bronchopulmonary fistula (group II) the favorable outcomes were achieved in 28 (90,3 %) patients. In postoperative patients, undergoing different volume reduction interventions (group III), favorable outcomes were registered in 23 (85,2 %) patients.

Conclusion. Valvular bronchial blocking is highly effective method in the treatment of patients with CRPTB and certain complications (empyema of the pleural cavity with bronchopulmonary fistula, failure of the bronchial stump in the postoperative period), and in patients, who already underwent surgery, as well.

Key words: chemo-resistant pulmonary tuberculosis, complications, bronchial valve blocking, surgical treatment.