EFFECTIVENESS OF DIFFERENT TYPES OF PARIETAL PLEURECTOMY WITH LUNG DECORTICATION FOR PLEURAL LESIONS IN PATIENTS WITH MULTIPLE/EXTENDED DRUG RESISTANCE (MDR/EDR–TB)

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Abstract

The aim was to compare the effectiveness of the use of "classical", video-assisted, video-thoracoscopic pleurectomy with lung decortication in pleural disease in patients with tuberculosis with multiple/extensive drug resistance (MDR/EDR–TB) and to justify the optimal terms of application of these surgical interventions in accordance with the pathological process.

Materials and methods. The results of treatment of 168 patients with pleural disease in patients with tuberculosis with MDR/EDR–TB in the Department of Thoracic Surgery and Invasive Diagnostic Methods of the National Institute of Phthisiology and Pulmonology named after F. G. Yanovsky of the National Academy of Medical Sciences of Ukraine during 2006–2023. The operated patients were divided into four groups: Group I — 47 (28.0 %) patients who were operated on using "classic" pleurectomy with lung decortication using wide thoracotomy ("Classic" PE with DC); group II — 43 (25.6 %) patients who were operated on using video-assisted pleurectomy with lung decortication (VATS PE with DC); group III — 54 (32.1%) patients who were operated on using video thoracoscopic pleurectomy with lung decortication (VTS PE with DC); group IV — 24 (14.3%) patients who were operated on using "classical" pleurectomy with lung decortication and resection of the part of the lung parenchyma affected by the pathological process (Lung resection with PE with DC).

Results and discussion. The overall effectiveness of surgery was 96,4 %, mortality — 1,2 %, morbidity — 10,1 %. In the early stages of the disease less invasive intervention should be preferred. In case of challenge to perform standard parietal pleurectomy with decortication of the lung, operation should start with videothoracoscopic revision. In certain cases, conversion to minithoracotomy using video-assisted decortication of the lung or wide lateral thoracotomy with the performance of "classic" pleurectomy decortication of the lung could be performed. When disease lasts less then 4 weeks, videothoracoscopic parietal pleurectomy with decortication of the lung achieves better results, and later wide thoracotomy with pleurectomy and decortication of the lung or video-assisted pleurectomy and decortication of the lung can be applied.

Key words: pleurectomy with decortication, video-assisted pleurectomy, videothoracoscopic pleurectomy.

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