VTS - SURGICAL TREATMENT OF A PATIENT WITH MALIGNANT TUMOR OF THE LUNG IN THE BACKGROUND OF A COMPLICATED COURSE OF PERCUTANEOUS VERTEBRPLASTY AS A RESULT OF HEMANGIOMA OF THE VERTEBRAE: CLINICAL OBSERVATION

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Abstract

Percutaneous vertebroplasty is a minimally invasive procedure in which bone cement is injected percutaneously directly into the body of the fractured vertebra. Polymethyl methacrylate is the most commonly used. This procedure is performed under the guidance of x-ray techniques for precise needle placement and post-injection monitoring. Absolute contraindications include local infection and untreated hematogenous infection. Complications arising after vertebroplasty are classified according to three degrees of severity. Serious complications occur when cement enters the paravertebral veins, potentially leading to pulmonary embolism, cardiac perforation, cerebral embolism, or even death.

A clinical case of the treatment of lung cancer in a patient whose percutaneous vertebroplasty was complicated by embolization of an unpaired vein and pulmonary arteries.

Treatment of lung cancer should be based on international standards developed by the medical community, and in atypical cases, the approach to choosing treatment methods should be rational and safe for the patient. Despite the presence of embolism of the unpaired vein and branches of the pulmonary artery, the use of VTS resection made it possible to perform surgical intervention in accordance with the requirements of modern guidelines for the treatment of patients with neoplastic processes.

Key words: percutaneous vertebroplasty, lung adenocarcinoma, pulmonary embolism, VTS surgery

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