VATS decortication for stage 3 empyema; a trial of minimal invasive approach in a delayed presentation disease

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Abstract:

Purpose: 50 words Stage 3 empyema or late presentation of pleural infection still a problem that thoracic surgeons have to deal with in everyday practice. We try to reduce the postoperative pain and hospital stay for those patients with using minimal invasive approaches by trial of VATS decortication in every case. Methods: 100 words Prospective study of all cases assigned for one surgeon with diagnosis of turbid and/or hemorrhagic pleural effusion that show loculations with thick peel or failed simple chest tube drainage admitted to our thoracic surgery service. An informed consent of a trial for thoracoscopic procedure with the possibility of open surgery in case that thoracoscopy fail to proceed. Operative technique was to completely remove the fibrous peel at the surface of the lung via two or three incisions without parietal decortication. Age, sex, predisposing medical condition, operative time, number of ports, hospital stay and underlying disease were collected and analyzed. Results: 150 words Twenty-nine patients were assigned for the study, 24 males and 5 females. Mean age was 44.21. Youngest was 17 and Oldest was 82. Seven cases via uniportal, three cases 3 ports and 19 via 2 ports. Fifteen cases had only early debridement and evacuation with no detected thickened pleura in need for decortication. Fourteen cases had VATS decortication. All decortication cases were done via 2 ports. Port placement was adjusted according to the site of loculations. Of the 14 cases of decortication, one case needed thoracotomy after 3 months and proven to be a metastatic adenocarcinoma which was presented early with retained hemothorax with history of trivial trauma. Another 2 cases need conversion to open thoracotomy as there was dense adhesion. One case which converted to open thoracotomy need prolonged drainage for 4 weeks, all remaining cases were with mean drainage days of 3.79. Mean operative time for decortication cases was 113.21 Conclusions: 50 words Stage 3 empyema still a relative contraindication for VATS with the fact that not all cases with a preoperative diagnosis of stage 3 empyema might need decortication and a trial of VATS decortication is feasible with a reasonable operative time, short hospital stay and no mortality compared to historical control

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