## **European Respiratory Society Annual Congress 2013**

**Abstract Number: 2429** 

**Publication Number:** P4344

**Abstract Group:** 8.1. Thoracic Surgery

Keyword 1: Tuberculosis - management Keyword 2: Surgery Keyword 3: Infections

Title: Alternative surgical treatment for tuberculous cavern grafted by micosis

Dr. Ovidiu 28606 Burlacu burlacuovidiu@gmail.com MD , Dr. Calin 28607 Tunea calin.tunea@gmail.com MD , Dr. Voicu 28608 Voiculescu voicu.voiculescu@gmail.com MD , Dr. Gabriel 28609 Cozma mgcozma@yahoo.com MD , Dr. Ioan 28634 Petrache petrache.ioan@gmail.com and Prof. Alexandru 28646 Nicodin acnicodin@gmail.com MD . ¹ Clinic of Toracic Surgery, University of Medicine and Pharmacy Victor Babes, Timisoara, Romania ; ² Clinic of Toracic Surgery, Municipal Clinic Hospital Timisoara, Timisoara, Romania ; ³ Clinic of Toracic Surgery, Municipal Clinic Hospital Timisoara, Romania ; ⁵ Clinic of Toracic Surgery, Municipal Clinic Hospital Timisoara, Romania ; ⁵ Clinic of Toracic Surgery, Municipal Clinic Hospital Timisoara, Romania and ⁶ Clinic of Toracic Surgery, University of Medicine and Pharmacy Victor Babes, Timisoara, Romania .

**Body:** INTRODUCTION The surgical treatment of tuberculous caverns populated by mycosis is dominated by lung resections, be they anatomical or wedge resections. There are some patients who have co-morbidities or limited functional respiratory status that make these types of surgery impossible. Our aim is to present an alternative surgical procedure to treat this patient category. MATERIAL AND METHODS An alternative for surgical treatment with a lower impact for the patient is to fill the cavern with a vascular axis pedicle muscle flap. We took into account patients with ASA risk class higher than 3, with FEV and FVC lower than 40%. We applied this treatment to 7 patients that met the criteria for the patient lot. RESULTS For the 7 patients, after thoracotomy, cavernotomy, excision of the micetoma, the suture of the bronchial fistulae, we used to fill the cavities the following muscles: pectoris major – 2 cases, intercostal muscle – 4 cases and latissimus dorsi – 1 case. The immediate outcome was favorable in all cases except one for whom we had to re-operate for bleeding. In all cases the viability of the transposed muscle was not affected. CONCLUSIONS The aim of the surgical treatment is to evacuate the micetoma, but wedge or anatomical resections for these cases have major complications. We can consider various techniques for thoracoplasty but the scale of the intervention and the duration make us reluctant. Our experience is limited by the number of cases, but in these critical cases the usage of muscle flaps gave us satisfaction.