

عنوان مقاله:

Management of Massive Hemoptysis in Patient with Bronchogenic Carcinoma

محل انتشار:

اولین همایش بین المللی و سومین همایش سراسری سرطان های ریه و اقدامات مداخله ای ریوی (سال: 1397)

تعداد صفحات اصل مقاله: 1

نویسنده:

Masoud Aliyali - M.D, Associate Professor of Pulmonology Pulmonary and Critical Care Division, Mazandran University of Medical Sciences, Sari, Iran

خلاصه مقاله:

Bronchogenic carcinoma is one of the most causes of hemoptysis. Hemoptysis occurs in approximately 20% of lung cancer patients at some point during their disease course, with massive episodes developing as the terminal event in 3% cases. Reported mortality rates for massive hemoptysis range from 9% to 38% with highest mortality rate in patients with advanced carcinoma. Risk factors for hemoptysis in patients with bronchogenic carcinoma including a variety of coagulopathies (uremia), medications (clopidogrel, bevacizumab), bronchoscopic findings such as hypervascularization or aberrant vessels or submucosal arterioles, tumoral invasion to mediastinal structures with bronchoarterial fistula formation, brachytherapy, or external beam radiation therapy. Of course, hemoptysis may be caused by granulation tissue overgrowth and erosion of bronchial mucosa from indwelling metal, hybrid, and silicone airway stent. The goals of treating massive hemoptysis are to establish and maintain an open airway to avoid severe hypoxia and asphyxiation, bronchoscopic interventions to stop the bleeding, and also prevent and treat respiratory, cardiac, and hemodynamic complications. Bronchoscopic treatment options for hemoptysis in patients with bronchogenic carcinoma include probe electrocautery, argon plasma coagulation, laser photocoagulation, cryotherapy, airway stent insertion via flexible or rigid bronchoscope. Non-bronchoscopic interventions including bronchial artery embolization, or surgical resection. I present a 59-year-old man who had been diagnosed with stage IV lung squamous cell carcinoma with brain metastasis admitted with respiratory distress and massive hemoptysis. He had a history of COPD and automated implantable cardioverter/defibrillator. Chest radiography showed atelectasis of the left lower lobe and lingula. The aim of this presentation is discussion about a variety of treatment modalities for management of massive hemoptysis in patients with bronchogenic carcinoma.

کلمات کلیدی:

لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/788551>

