

عنوان مقاله:

Video-assisted Thoracoscopic Surgery Versus Axillary Thoracotomy in Primary Spontaneous Pneumothorax

محل انتشار:

مجله پزشكى قلب و قفسه سينه, دوره 5, شماره 1 (سال: 1396)

تعداد صفحات اصل مقاله: 5

نویسندگان:

Reza Bagheri - Thoracic surgeon, Cardio-Thoracic Surgery & Transplant Research Center, Emam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Seyed Ziaollah Haghi - Thoracic surgeon, Cardio-Thoracic Surgery & Transplant Research Center, Emam Reza Hospital, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Davood Attaran - Pulmonologist, Lung Disease Research Center, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Fatemeh Ebadi - General Practitioner, Cardio-Thoracic Surgery & Transplant Research Center, Emam Reza Hospital, Mashhad University of Medical Sciences, Mashhad, Iran

خلاصه مقاله:

Introduction: Video-assisted thoracic surgery (VATS) is now commonly used for primary spontaneous pneumothorax. In the present study we compared the outcomes of this technique with those obtained by conventional thoracotomy. Material and Methods: In this cross-sectional stud, forty patients were enrolled into two groups: VATS (n=20) and thoracotomy (n=20). In both groups the blebs were resected and pleural abrasion was performed with putting a mesh on the apical surface of the parietal pleura, finalized by patchy pleurectomy and mechanical abrasion with gas. Two groups were appropriately matched for age, gender, side of bleb, indication for surgery, and the smoking habits. As outcome measures, the conversion from VATS to thoracotomy and the early complications including wound infection, air leakage and intraoperative bleeding were assessed. After discharge, follow up schedule included visits at one, three, six months and one year post-operation to evaluate the recurrence rate. Results: Mean age of these forty patients (34 males and 6 females) was 28.4±8.74 years. There was no conversion from VATS to thoracotomy group. The complications, including prolonged air leakage and wound infection, were seen in three patients of each group (totally 6 patients) (P=0.712). One patient in VATS group experienced the recurrence (P=0.235). Average admission time was 5±0.79 days in the VATS and 5.65±0.81 days in the thoracotomy group (P=0.043), duration of surgery in the open thoracotomy and VATS groups were 76±5.52 and 48.35±4.35 min, respectively (P<0.001) and intra-operative bleeding in the open thoracotomy and VATS groups were 127.5±10.69 and 112.5±8.5 mL, respectively (P<0.001) these three factors were significantly less in the VATS group. Conclusion: VATS seems to be superior to thoracotomy, when it is indicated due to the recurrence or other reasons, because in spite of the similar therapeutic efficacy and recurrence rate, VATS is associated with less tissue damage and shorter hospital

كلمات كليدى:

Open Thoracotomy, Primary Spontaneous Pneumothorax, Recurrence, Video-Assisted, Thoracic Surgery

https://civilica.com/doc/892597

لینک ثابت مقاله در پایگاه سیویلیکا:

