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Mehmet Ali Colak, Huseyin Melek, Ahmet Sami Bayram, Cengiz Gebitekin

Abstract

Aim: To investigate the effect of inferior pulmonary ligament dissection (PLD) on the development of residual pleural space and other complicationsafter upper lobectomy. Methods: We retrospectively analyzed the data of patients who underwent upper lobectomy in our clinic between January23, 2011, and February26, 2013. Patients with a history of pulmonary tuberculosis,ipsilateral lung surgery, those that received neoadjuvant radiotherapy, those with a FEV1 value below 50%and those with two drains were excluded. Forty patients were included in the study and divided into two groups according to whether PLD was performed (Group I, n=20) or not performed (Group II, n=20).Complications that developed, negative aspiration requirement, additional thoracic drain requirement, duration of drain in place, hospital stay, and percentage of the pleural space on chest X-ray were recorded. The results were statistically compared between the groups. Results: Of the patients, 34(85%) were male, and the mean age was 60.5 (38-78) years. Right upper lobectomy was performed in 24(60%) patients (55% Group I, 45% Group II). Postoperative complications were detected in 16(40%) patients (45% Group I, 35% Group II). The most common complication was prolonged air leak seen in eight (20%) patients (15% Group I, 2.25% Group II). The mean duration of drain in place was 8 days (7days Group I, 9 days Group II, p=0.62). Conclusion: From the results of our study, PLD had no positive or negative effect on pleural space or complications in patients who underwent upper lobectomy.

Keywords

Pleural space; Postoperative complications; Thoracic surgical procedures

References