We thank Dr Metin and associates for their interest in our surgical technique.

It is very heartening and encouraging to know that Dr Metin and associates used our technique of physiological lung exclusion in one of their very sick, hemodynamically unstable and desaturated patients having massive hemoptysis with very good results. A standard lung resection would have been dangerous in this patient due to the presence of tight calcified pleural adhesions and fixation of the upper lobe to the apex. This technique is very useful in: (1), patients with dense vascular or calcified pleural adhesions which will increase the operating time and cause more bleeding; (2), hemodynamically unstable patients; (3), desaturated patients; and (4), patients with rare blood groups or where blood is in short supply (as in many developing countries). As the lung tissue is not removed in this technique, one of the major advantages is the absence or minimal incidence of pleural space problems, like empyema developing later on as we found in our series. In our article, the conclusion was: “physiological lung exclusion is a safe and effective method for control of massive hemoptysis in cases where lung resection is technically hazardous or difficult”.

It is a very useful and important alternative/adjunct to a standard lung resection in difficult lung resections for various problems. Every thoracic surgeon should keep this procedure in mind whenever planning for any lung resection, as it can save the patient and the surgeon from a tricky situation.