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SUCCESSFUL TREATMENT OF 13 YEARS CHRONIC POSTPNEUMONECTOMY EMPYEMA WITH BRONCHOPLEURAL FISTULA IN A PATIENT WITH CLAGETT-WINDOW
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Objectives: To emphasize the success of our accelerated treatment of post-pneumonectomy empyema.

Case description: A 67-year-old male presented to our outpatient clinic for a second opinion. In 1998 a central squamous cell carcinoma of the right upper lobe was diagnosed and right-sided pneumonectomy was performed. A post-pneumonectomy empyema (PPE) developed 2 months postoperatively and after an unsuccessful thoracoscopic debridement a Clagett-window was installed 5 months after pneumonectomy. With persistent bronchopleural fistula (BPF) and chronic PPE the patient suffered from multiple left-sided pneumonias with regular need for hospitalization and intravenous antibiotic treatment. Quality of life was significantly reduced through chronic infection with persistent irritating and productive cough as well as weight loss, exercise induced dyspnoea and weakness. We decided to perform our accelerated empyema treatment concept. Re-thoracotomy with radical surgical debridement and installation of a vacuum system was performed. In total, the patient underwent 3 interventions with a time interval of 3 days between repeated debridement. After the 3rd intervention no macroscopic signs of infection persisted and granulation of the thoracic cavity had progressed. Before definitive closure of the chest, a pedicled right latissimus dorsi flap was placed into the cavity to close the defect of the bronchial stump and to obliterate the chest cavity. The chest cavity was filled with antibiotics. To date the patient is at home without any sign of relapse. Physical strength and weakness improved substantially.

Conclusions: This case illustrates our successful accelerated treatment concept for post-pneumonectomy empyema with cure of the bronchopleural fistula and definitive closure of the chest; even in late onset chronic empyema.

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