EXTENDED TYPE B BRONCHO-VASCULAR SLEEVE RESECTION OF THE LEFT UPPER LOBE AND THE SUPERIOR SEGMENT OF THE LOWER LOBE FOR LUNG CANCER
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Objectives: Bronchial sleeve resection merely consisted of 1.3% of lung cancer surgery in Japan. Extended sleeve resection, which is defined as resection of more than one lobe with bronchoplastic procedure is an extremely rare procedure. However this procedure is important for thoracic surgeon to avoid pneumonectomy in modern thoracic oncology.

Video description: A 61-year-old woman had a lung cancer in the left upper lobe invading the superior segment of the lower lobe. The tumour invaded the hilar pulmonary artery as well. Preoperative biopsy revealed the tumour as adenocarcinoma with negative ALK and negative epidermal growth factor receptor (EGFR) mutation. Total atelectasis of the left upper lobe was observed due to the tumour. Clinical stage was T2aN1M0 stage IIA, and preoperative CEA was 6.8 ng/ml. Preoperative FEV1.0 was 1620 cc, and FEV1.0% was 65.3%. Posterolateral incision was used. After hilar dissection, the pulmonary artery was cut circumferentially. Backbleeding was controlled with a clamp of the inferior pulmonary vein. Extended sleeve was needed to avoid pneumonectomy for the tumour invaded central portion of the bronchus B6. Bronchoplasty was performed with a hybrid anastomosis using 4-0 Prolene and end-to-end anastomosis of the pulmonary artery was done with 6-0 Prolene. Operative time was 3 h 35 min, and blood loss was 115 cc. Postoperative course was uneventful and the patient was discharged on the 8th postoperative day.

Conclusion: A rare extended sleeve resection was performed very smoothly. Knack and pitfall will be discussed based on our experience of 25 extended sleeve resections during 8 years.

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