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ONE-STAGE BILATERAL SINGLE-PORT VIDEO-ASSISTED THORACOSCOPIC 
SUBLOBAR RESECTIONS WITH PREOPERATIVE DUAL LOCALIZATIONS
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Objectives: It has generally been accepted that sublobar resections, specifically segmentectomy and wedge resection, should be considered for patients in whom lobectomy is contraindicated because of insufficient lung reserve and comorbidity.

Video description: In this video, we performed one-stage bilateral single-incision thoracoscopic sublobar resection; wedge resection for a right upper lobe (RUL) lesion, segmentectomy for a left upper lobe (LUL) lesion, with preoperative dual localization with a hookwire and lipiodol. A 75-year-old male with bilateral lung lesions, a 1.7-cm mixed ground glass opacity (GGO) lesion at RUL and a 1.2-cm solid lesion at LUL, was referred to our centre for curative resection. Preoperative dual localization with a hook-wire and lipiodol could help the correct location of the lesions. With a 2-cm single incision, thoracoscopic wedge resection and segmentectomy could be performed safely. The pathology result was adenocarcinoma in situ with no lymph node metastasis.

Conclusion: A single-incision VATS segmentectomy could be a feasible option for early lung cancer and could be performed safely and without difficulty, even through a 2-cm incision, by using an appropriate preoperative localization.

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