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UPPER LOBECTOMY COMBINED WITH SUPERIOR SEGMENTECTOMY OF THE LOWER LOBE: A HIGH-RISK OPERATION
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Objectives: Upper lobectomy is not uncommonly performed together with a superior segmentectomy of the lower lobe. However, little is known about how this combination affects operative morbidity. This study is aimed at investigating the risks related to upper lobectomy combined with superior segmentectomy of the lower lobe.

Methods: We retrospectively reviewed the medical records of 55 consecutive patients who received simultaneous ipsilateral upper lobectomy together with superior segmentectomy in a single centre from January 2002 to December 2014. Mortality and morbidity of surgery were analyzed.

Results: The reasons for superior segmentectomy were either direct involvement (n = 45) of the disease or multiple lesions (n = 10). Thirty-two of these were lung cancer, while 23 were benign diseases. One patient died of severe pulmonary infection secondary to early postoperative bronchopleural fistula (BPF). Postoperative complications occurred in 46 patients (83.6%), which included three acute respiratory failure, five BPFs, 33 prolonged air leak, 24 persistent residual space, two empyema without BPF, etc. There were two early BPFs and three late BPFs, three of these occurred after resection of a benign disease.

Conclusion: Simultaneous left upper lobe lobectomy together with left lower lobe apical segmentectomy carries a high rate of morbidity. The commonest complications are persistent residual space, BPF, empyema, prolonged air leak, etc. Attention needs to be paid for the prevention and treatment of complications after such surgeries.

Disclosure: No significant relationships.