HEALING OF THE BRONCHIAL ANASTOMOSIS AND COMPLICATIONS AFTER SLEEVE LOBECTOMY IN DEPENDENCE ON THE INTERVAL BETWEEN NEOADJUVANT RADIOCHEMOTHERAPY AND SURGERY
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Objectives: A pneumonectomy should be avoided after radiochemotherapy by using sleeve lobectomy for radical surgery in stage III lung cancer. The negative influence of radiochemotherapy on wound healing is well known. There is, however, little data on what should be the optimal interval between radiochemotherapy and surgery. For that reason we investigate the relationship between bronchial healing and interval until surgery after radiochemotherapy.

Methods: Analysis of 485 patient cases after sleeve lobectomy, who were operated on between 2006 and 2014. Eighty-one patients received neoadjuvant radiochemotherapy up to a dose of 66 Gy. All patients were assessed bronchoscopically on day 7 after surgery and the anastomotic healing was classified using a standardized score. The grading begins at 1-3 (normal finding, focal or circular mucosal necrosis) and ends with necrosis of the bronchial wall or insufficiency (grade 4 + 5). Furthermore, postoperative complications and 30-day mortality rates were analysed.

Results: Patients were divided into three groups: surgery within six weeks, more than six weeks or without pretreatment.

Conclusion: In contrast to the general recommendation to perform lung resection four weeks after radiochemotherapy, our data suggest an interval of 6 to 8 weeks.

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