

ABSTRACT

TITLE OF THE ABSTRACT : ANALYSIS OF SURGICAL TREATMENT IN
BRONCHIECTASIS -21 YEAR RETROSPECTIVE STUDY

DEPARTMENT : Department of cardiothoracic surgery ,
Christian Medical College, Vellore- 632004

NAME OF THE CANDIDATE : Dr.Ramprassath.M.S

DEGREE AND SUBJECT :Mch in Cardiothoracic surgery

NAME OF THE GUIDE : Prof. Dr. Brila Roy Gnanamuthu M.S.Mch

AIM / OBJECTIVES:

To study the patients who required surgical resection for treatment of Bronchiectasis in our institution over the last 21 years (1992-2012).

Demographic details, mode of presentation, investigations done, surgical details, morbidity, and mortality and long term surgical outcome are studied.

MATERIAL AND METHODS:

We analyzed the patient details retrospectively using the charts as well as our clinical work station. Categorical data were expressed as frequency & percentage. Continuous variable expressed as mean \pm standard deviation or median and range. Significant differences between proportions determined by chi-squared analysis Or Fisher's exact test. All analyses were carried out using Statistical Package for Social Sciences version 11.5 (SPSS, Inc., Chicago, IL, USA). Probability values $p < 0.05$ were considered significant

RESULTS:

We had a total of 242 patients in our series from 1992-2012. Bronchiectasis is more common in males (64%). Commonly it involves left side. Patient opts for surgery because of failed medical treatment. Hemoptysis is the common indication (45%) for surgery. More than half (65%) of the patients have typical features of Bronchiectasis in the X-ray itself. HRCT was done before

surgery for all patients, which is considered as the imaging of choice. Most of our patients had restrictive PFT (56%). Sputum had grown some organisms in 57% of our patients. Majority of our patients were operated for Hemoptysis (48%). Common procedure done for our patients was single Lobectomy (54.5%). There were 39 patients who had complications in our series. There was statistically significant association between pre-op cultures, preop PFT and extent of disease to the post operative outcome. Complete resection of the disease is single most important criteria for prevention of post-operative symptoms however bilateral diffuse disease shall remain to have post-op minimal symptoms. There were two mortality in our series.

CONCLUSIONS:

Bronchiectasis is primarily a medical disease which requires careful assessment and diagnosis. Once diagnosis is made, the patient should be under medical surveillance and treatment for repeated infections and haemoptysis. Appropriate antibiotics as dictated by cultures should be initiated in order to avoid progression of the disease. If and when surgery is indicated, a thorough pre-operative evaluation should be carried out. As in other literature, our study also proves that surgical treatment for Bronchiectasis can be done safely with minimal acceptable mortality and morbidity. Single most important factor which decides on the symptom free state after surgery is the adequacy of the resection. Complete resection of the localised Bronchiectasis offers better cure as well as symptom free survival after surgery. However it should be appreciated that in cases of diffuse bilateral disease, post operative residual Bronchiectasis is unavoidable. In such cases, though the intensity of symptoms may improve greatly after surgery, minimal symptoms may persist.

Key words

Bronchiectasis, surgical management, post-operative complication, residual Bronchiectasis .