00314 Bronchoscopic findings of post wedge bronchoplastic lobectomy

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Background:It is speculated that the advantage of wedge resection lies in the ability to maintain bronchial perfusion and to obtain good results. On the other hand, wedge lobectomy can result in kinking at the anastomosis site and anastomotic stricture.
Material and methods: From 2004 to 2012, 9 patients (All male; mean age 64) underwent wedge bronchoplastic lobectomy for non-small cell lung carcinoma. We evaluate comparatively operative findings and bronchoscopic findings following wedge lobectomy. As concerns operative findings, we evaluated the angles of the wedge and distance of the preserving parts in the cut line of the bronchus (so called bronchial bridge). The bronchial anastomosis was routinely checked with a bronchoscopy in the operating room following conclusion of the operation, and 8 days post-operatively.
Results: The pathological diagnosis was squamous cell carcinoma in all nine patients. Five patients underwent induction therapy (chemotherapy in three patients and chemo-radiotherapy in two patients). There were 6 right upper lobectomies, two middle and lower lobectomies, and one left lower lobectomy. Pathologic staging classified one patient into stage I, three patients into stage II, and five patients into stage IIIA. In bronchoscopic findings, five patients who were all undergone right upper lobectomy showed the bulging into the bronchial lumen (high grade in two cases and low grade in three cases). There were no anastomotic strictures. In operative finding in these patients, bronchial bridge tended to be relatively long and/or the angle of the wedge resection tended to be relatively wide.
Conclusion: To prevent bulging into the bronchial lumen after right upper wedge lobectomy, bronchial wedge excisions ought to be shaped in order to reduce the bronchial bridge to shorter length (about 5-10mm).