



Surgeons' Secret Duty

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Clinical Image

Bronchopleural fistula (BPF) in 51-year-old patient (Figure 1) underwent right pneumonectomy for non-small cell lung cancer (NSCLC), pT2N1 on April 16, 2015. Massive left pulmonary-thrombo-embolism occurred five days after and the patient underwent artery endarterectomy. On May 18, 2015 a right BPF was founded. Firstly a drainage was positioned and antimicrobial therapy started. Then endobronchial glue was used. Because unsolved, muscular flap with multiple surgical treatments were used trying to close the fistula. On July 01, 2015 an "open window" was performed and cavity medicated every 72 hours. Obtained cavity reduction and empyema resolution, an AMPLATZER device, was endoscopically placed in the fistula. The aim was to stop air passing and allow granulation tissue cover the device on the pleural side, from the periphery to the center. On the left picture side is visible uncovered device, on the right, covered by granulation tissue, definitively closing the fistula.

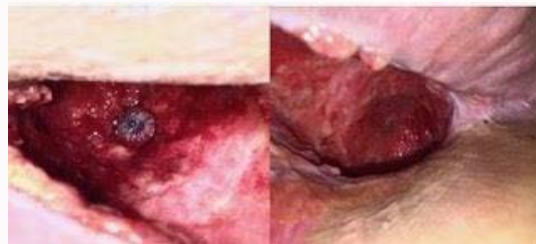


Figure 1: Bronchopleural fistula in 51-year-old patient.

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Received Date: 06 Jun 2017

Accepted Date: 28 Jun 2017

Published Date: 06 Jul 2017

Citation:

Baisi A, Raveglia F, De Simone M,
Leporati A, Rizzi A, Scarci M, et al.
Surgeons' Secret Duty. *Ann Thorac
Oncol Res.* 2017; 1(1): 1005.

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