

2016.12.2 대한흉부종양외과학회 정례토론회

<증례 1>

Esophageal perforation (Boerhaave's syndrome) causing upward periesophageal dissection resulting in esophagectomy

분당차병원 흉부외과 박준석

In 2 patients, proximal progression of periesophageal dissection due to Boerhaave's perforation caused near-total thoracic esophageal ischemia and resultant necrosis. Thoracic Esophagectomy was inevitable and later esophageal reconstruction was performed.

Case 1.

A 68-year-old male patient was referred for esophageal perforation after severe vomiting. By preoperative endoscopy, a long segment of esophageal wall defect was observed. By preoperative radiology, massive right pleural effusion, pneumomediastinum and mediastinal fluid collection was noticed. By right-side VATS exploration, a long segment (>7cm) of lower esophagus was ruptured just above the EG junction. Periesophageal dissection by vomitus caused esophageal necrosis below the level of azygos vein. After VATS esophagectomy and 3 weeks of conservative treatment, substernal esophagogastrostomy was performed.

Case 2.

A 50-year-old male patient was referred for esophageal perforation. He was a heavy alcoholics with underlying liver disease, but without significant hepatic dysfunction. Preoperative radiology revealed progressing bilateral effusion and signs of mediastinitis. Periesophageal dissection could be expected by preoperative CT scan. By right-side VATS exploration, perforation site could be found at the level of EG junction, below the level of esophageal hiatus, suggesting that the perforation initially occurred at abdominal esophagus. Periesophageal dissection caused necrosis of thoracic esophagus up to the level of azygos vein. VATS esophagectomy was performed and reconstruction by colon is scheduled.

<증례 2>

Pulmonary venous infarction of superior segment occurred after RLL basal segmentectomy for intralobar sequestration

강동경희대학교병원 흉부외과 김대현, 박주철

Male / 48 years old

C.C: Alleged pulmonary sequestration

P.I: He was admitted for the treatment of intralobar pulmonary sequestration

PMHx: DM (-), HTN (-), TB (-), Hepatitis (-), Cancer (-), pneumonia 3 month ago

Social Hx: Smoking (-), Alcohol (-)

Chest CT: Pulmonary sequestration in the RLL, intralobar type, from the thoracic aorta to the right inferior pulmonary vein

PFT: Normal

1st Operation (5/11/2016): RLL common basal segmentectomy, VATS

POD #1 Rt. lower medial lung field haziness on **CXR**
POD #2~5 Increased Rt. lower lung field haziness on **CXR** / Blood-tinged sputum
POD #6 Bloody sputum in the RS6 bronchus on **bronchoscopy**
POD #7 Filling defect at right inferior pulmonary vein
& segmental consolidation and GGO with air-bronchogram in RS6 on **chest CT**
POD #8 2nd operation

2nd Operation (5/18/2016): RLL completion lobectomy, VATS

POD #3 Chest tube removal
POD #7 Discharged

1st Pathology: Lung, basal segment, lower lobe, right, segmental resection:

Pulmonary sequestration, intralobar with

- 1) Organizing pneumonia
- 2) Microabscess
- 3) Bronchioloectasis with inflammatory exudates

2nd Pathology: Lung, superior segment, lower lobe, right, segmental resection:

- 1) Hemorrhagic infarction
- 2) Organizing pneumonia

Discussion: What were the causes of pulmonary venous infarction?

<증례 3>

Bullous lung disease: Is it possible to predict surgical outcome?

서울아산병원 흉부외과 최세훈

대한결핵 및 호흡기학회의 2016년 발표에 따르면, 국내 COPD 의 유병률은 40세 이상 성인 남성의 1/5 이상에 이를 정도로 높게 보고되며, 환자수로는 354 만 명 가량으로 추정하나, 이 중 관리 중인 환자는 5% 남짓에 불과하다고 한다. COPD 에 속하는 여러 질환 중 Emphysema 환자에 대하여서는 따로 유병률 통계를 작성하지 않아 정확한 숫자를 파악하기도 어려운 현실이다.

흉부외과와 관련되어, Emphysema 환자 중 수술이 도움이 되는 경우가 많으나, 어떤 환자를 수술 의뢰하여야 하는지, 수술적 절제가 어떤 도움을 줄 수 있을지에 대한 consensus 가 형성되어 있지 않다. 2000년 대 초 발표된 NETT trial 이 emphysema 환자를 대상으로 lung volume reduction surgery 의 효과를 규명한 Randomized controlled trial 연구였으나, 연구의 시작 시기가 90년 대 후반부터였음을 고려할 때, 수술 적응증이나 수술 방법, 수술 후 예후 등의 측면에서, 현재의 임상상황과는 맞지 않는 부분이 많은 것으로 생각한다.

본 증례 발표를 통하여 심한 bullous emphysema 환자 3명에 대한 증례를 검토하고 좋은 수술 예후를 예상할 수 있는 preoperative 소견이 있는지를 토론함으로써, 수술적 치료의 영역으로 어떤 환자를 포함할 수 있을지를 검토하고자 한다.

<증례 4>

Postoperative isolated fibrinogen deficiency in a patient with lung cancer

부산대병원 흉부외과 조정수, 안효영, 김영대, 이호석

Isolated fibrinogen deficiency is rare disease in Korean; especially extremely rare in patient with preoperative normal level of PT/aPTT. Herein, I present a 62-year-old female patient who was admitted with lung cancer (adenocarcinoma, RUL, cT2aN0M0). She underwent VATS right upper lobectomy with mediastinal lymph node dissection. During operation, there was no need for transfusion (EBL 200cc) and no evidence of hemodilution. On the first postoperative day (POD), PT was prolonged over 100 seconds (INR was over than 10). Coagulating factors were evaluated and isolated fibrinogen deficiency was diagnosed. As serum level of fibrinogen was fallen below 40mg/dL, spontaneous bleeding such as subcutaneous hemorrhage on trunk and persistent minor air leakage was observed. Bleeding tendency and air leak was improved since repeated transfusion of cryoprecipitate made the serum level of fibrinogen over 60 mg/dL. On POD 24, she was discharged without complication, however, she still had low level of fibrinogen. Although she was stable without any signs of spontaneous bleeding and prolongation of PT, the serum level of fibrinogen was still low around 60mg/dL at last visit in out-patient clinic which needed intermittent transfusion of cryoprecipitate.

She refused genetic evaluation for fibrinogen deficiency and I still don't know what caused isolated fibrinogen deficiency in this patient, which could lead to a critical situation. To prevent any other disaster caused by this, I think there needs countermeasure for this.