TREATMENT ROLE OF

THORACOSCOPY FOR EMPYEMA

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Thorax ward of imam Reza hospital

History:

- Thoracoscopy was introduced over 100 years ago.
- ▶ 1866: Francis Richard Cruise in Ireland probably the first to perform thoracoscopy.
- ▶ 1950: the pneumothorax treatment of tuberculosis.
- 1990: thoracic surgeons introduced (VATS) the technique for minimally invasive surgery

ANOTHER OPTION FOR THE PATIENT WITH AN INCOMPLETELY DRAINED: PARAPNEUMONIC EFFUSION IS THORACOSCOPY.

(VATS) IS SAFE AND EFFECTIVE FOR THE TREATMENT OF COMPLICATED PARAPNEUMONIC EMPYEMA

Indication:

- 1- FAIL CHEST TUBE DRAINAGE.
- 2- PATIENTS WHOSE LUNG DOSE NOT REEXPAND.
- 3- PATIENTS WHO BASED CT ARE NOT EFFECTIVELY TREATED WITH CHEST TUBES. (LOCULATED, THICK PUS, THICK PLEURAL RIND).

- VATS exploration is helpful before 6 weeks have elapsed.
- ► F.O.B R/O endobronchial obstruction.
- ► Chest CT scan should be obtained before thoracoscopy: anatomic information about the size and extent of empyema.

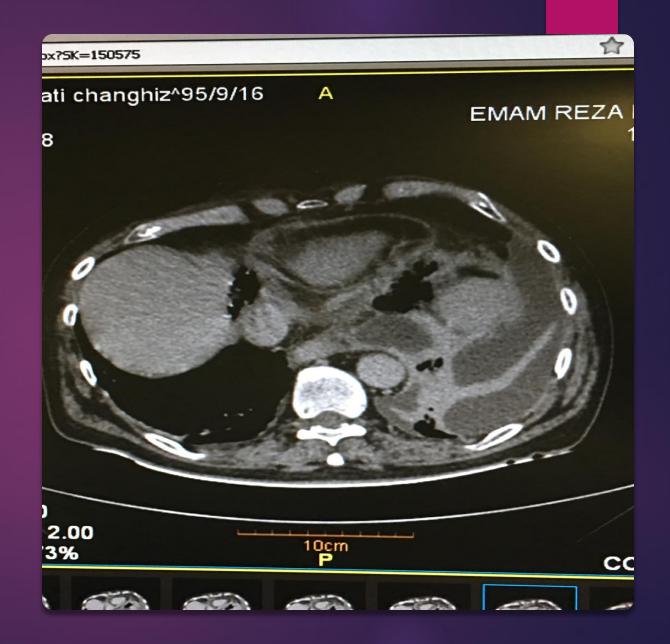
treatment should be performed:

before the adhesions become too fibrinous and adherent.

With thoracoscopy

- the loculation in the pleural space can be disrupted.
- the pleural space can be completely drained.
- the chest tube can be optimally placed.
- the pleural surfaces can be inspected.

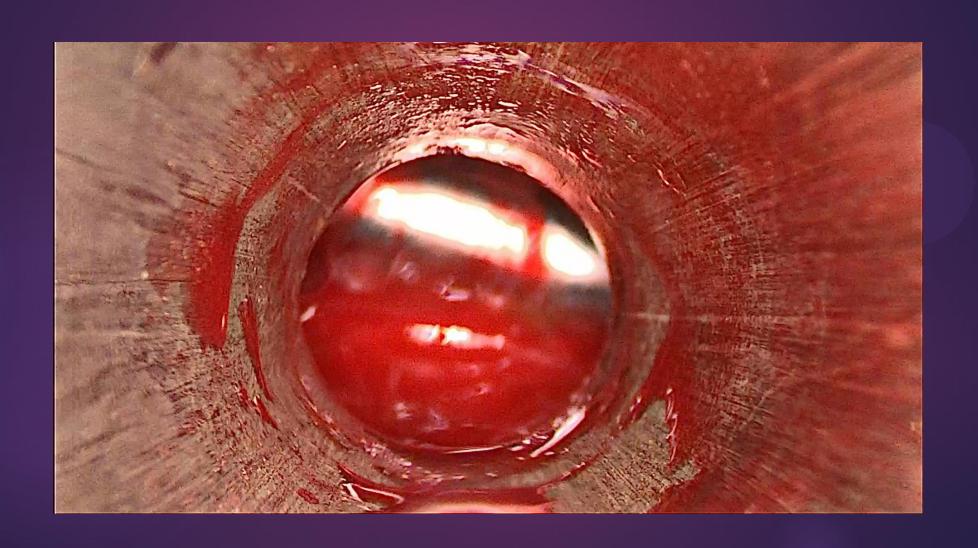
Empyema and left lobe collapse



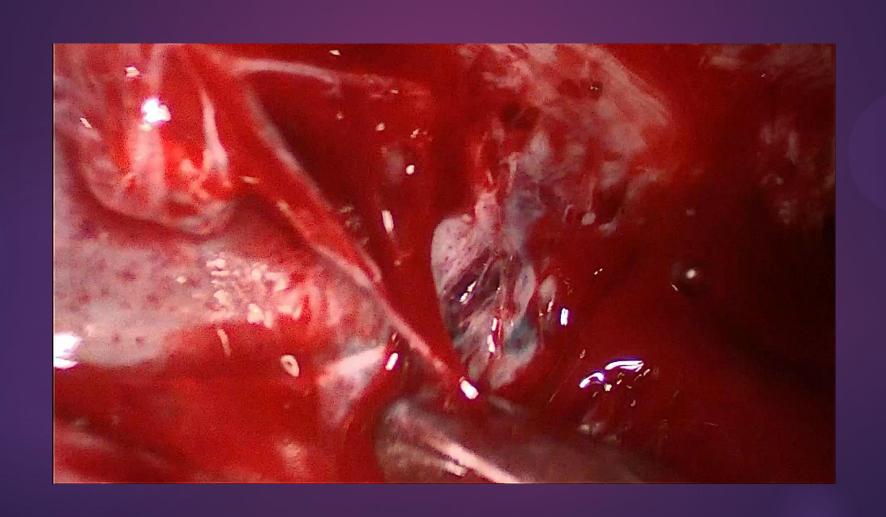
with thoracoscopy:

- the patient is found to have:
- a very thick pleural peel with
- a large amount of debris and
- the lung does not reexpand completely
- then decortication should be performed without delay

آزاد کردن چسبندگی ها و برداشتن دبری ها



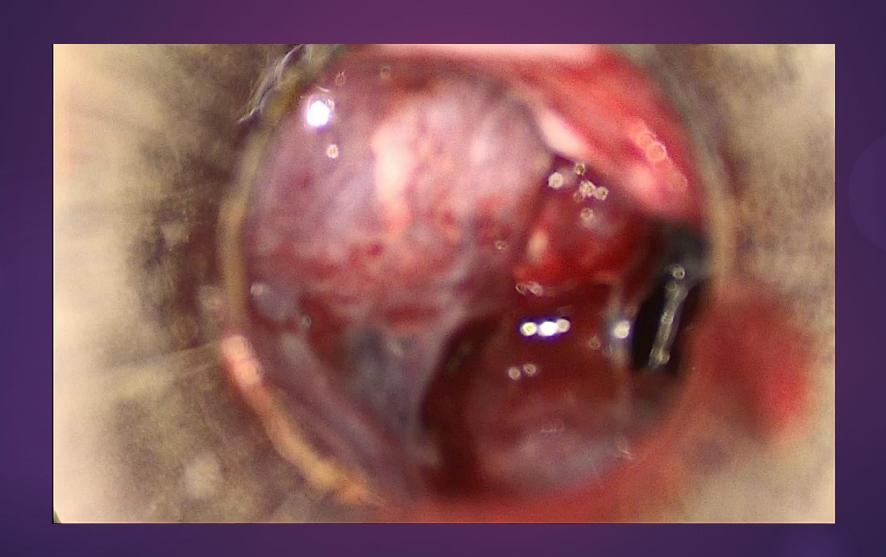
بر هم زدن لوكولاسيون ها



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CONCLUSION:

- > VATS is the method of choice in the treatment of:
- stage II thoracic empyema
- with a potential for the infectious focus removal,
- targeted drainage and lung reexpansion.
- VATS is an alternative thoracotomy method for decortication in the early stage III empyema.

مرحوم زنده یاد استاد علی پورزند

