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Surgical treatment of congenital bronchiectasis

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Abstract. The experience of surgical treatment of 433 patients with congenital bronchiectasis is presented. The age of patients ranged from 2 to 65 years. Number of children and adolescents (60.9%) was more than adults (39.1%).

The most frequently performed are lower lobectomy (35.1%), extirpation of the bronchi (22.2%), and combined resection (17.6%). In children and adults, the character of surgical interventions was similar, except for the phased bilateral lung resections, which performed more than in adults (3.4% vs. 10.0%). Adult patients have a longer history of the disease, so they more frequent (84,1%) have dense and extensive adhesions in the pleural cavity. The incidence of early postoperative complications in children was 10.6%, while adult reached 20.7%. The most frequent complications in the operated children were intrapleural bleeding (2.65%) and atelectasis (2.65%) of the operated lobe or lung. Adults more often had bronchial fistulas (4,1%) and festering wounds (7,7%).

In the long-term period from 1 year to 22 years 190 operated patients were examined. Good results (complete recovery) were observed in 63.8% of children, which was significantly higher than the results of surgical treatment of adult patients (47.9%). All unsatisfactory results were observed in patients with bilateral lesions in the lungs and residual bronchiectasis in the operated lung.

Examination of patients in the long term period showed that timely diagnosis and early surgery reduces the risk of postoperative complications, improves long-term results.

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Хирургическое лечение врожденных бронхоэктазов

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Аннотация. В статье представлены результаты диагностики и хирургического лечения 433 больных с врожденными бронхоэктазами. Установлено, что ближайшие и отдаленные результаты оперативного лечения детей лучше, чем у взрослых больных.

Aims of the Study: Congenital bronchiectasis is related to fetal developmental abnormalities and formed by a series of pre-and postnatal developmental defects of the tracheobronchial system. Most thoracic surgeons have expressed opinion about the necessity of early surgery on children, because congenital bronchial dilation leads to infection of the bronchial contents and re-aggravation of the inflammatory process. [1, 2, 3, 4]. But some pediatricians have the reserved attitude towards surgery in children, adhering to long-term follow tactics for sick children and re-examinations to decide of necessity of surgical intervention [5, 6] .