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Surgical management of tuberculous broncholithiasis with hemoptysis: Experience with 5 operated cases

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Abstract

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Introduction: Broncholithiasis is often seen after chronic granulomatous diseases such as tuberculosis and histoplasmosis and leads to a wide spectrum of signs and symptoms; including hemoptysis which often needs surgical management. The goal of this study is evaluation of surgery in patients with tuberculous broncholithiasis who present with hemoptysis. **Materials and Methods:** In this study all patients with tuberculous broncholithiasis had been operated on between 1991 and 2005, followed up at least 6 months and at most 9 years, and studied relating to age, sex, clinical symptoms, diagnostic methods, type of surgical treatment, complications and mortality. **Results:** Overall 5 patients have been studied (male:female=2:3, mean=31 years); 2 with severe and 3 mild to moderate and recurring hemoptysis, lesion at left in 80% and at right in 1, in 3 patients some degree of bronchiectasia was seen, in 4 the lesion was visible in bronchoscopy and endoscopic removal of the lesion failed in all. Three of patients underwent pulmonary resections and in 2 broncholithotomy has been done. In follow-up, patients treated with pulmonary resection have had no subsequent problems, but in patients treated with broncholithotomy due to occurring late bronchiectasia, re-operation and pulmonary resection was unavoidable. There was no mortality. **Conclusion:** Regarding the dangers of hemoptysis and excellent results of surgery and possible occurrence of late bronchiectasia after broncholithotomy, the results of our study show that pulmonary resection distal to the lesion and as the retention of lung of parenchyma is preferable. Broncholithotomy should be done only in patients in whom pulmonary resection is not technically possible. Because of the very low occurrence of this complication complete studies are needed.

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