

VEDIO-ASSISTED THORACOSCOPIC REMOVAL OF PULMONARY HYDATID CYST INITIAL EXPERIENCE IN NASSYRIAHAN

dr. Saadi Almajed MRCS*

ABSTRACT

Pulmonary hydatid disease is prevalent in many parts of the world including Iraq . In our small series of 6 patients[from sept.2010 to sept.2011]. all patients were diagnose with clinical and of the patients was 29 year[range..18-43].all of them received Oral albendazole 10 mg/kg/day after diagnosis.by applying the principles of conventional surgery all patients underwent video assisted thoracoscopy as a minimally invasive technique.double lumen endotracheal intubation was utilized in all cases along with CO2 insuflation.complete thoracoscopic removal was successful in all cases with no conversion to open thoracotomy. all of them showed rapid recovery except in one patient in whom prolonged intercostal drainage was present for 3 weeks.the average of the procedure was 90 min and the average length of hospital stay was 8 days except case one which was discharged on day 21 due to prolonge air leak.follow up of 2-13 months.all patients are asyptomatic and doing well.

INTRODUCTION

Hydatid disease is due to the larval or cyst stage of infection by the tapeworm *Echinococcus granulosus* (1,2,3,7) which live in dog. Humans,sheep and castle are intermediate hosts(2).its prevalent in many parts of the world including Iraq.The disease is one of the public health problems in Iraq.The cyst can involve any part of the body ,most commonly in the liver ,lung is the next most common(1).Its however difficult to estimate the real incidence of the disease in Iraq.The disease seen frequently in both surgical and medical departments in hospitas all over the country.it was estimated that this disease involves 8 per 1000 patients admitted to the biggest hospital-medical city-Baghdad(8).hydatid disease affect all age groups it seems to involvethe young and

middle age groups more frequently.The treatment of hydatid disease is surgically based because of the high risk of secondary infection and rupture(2).the cyst may rupture ,flooding the lung or producing sever hypersensitivity reaction(3).

PATIENTS & METHODS

The study was conducted in Al Amel and Al Hussain teaching hospital from sept 2010 –sept 2011.a total of 6 patients 4 males and 2 females. the mean age was 29years[range 18-43].all diagnosed with clinical and radiological finding on plaine x ray and CT chest. all of them received albendazole 10 mg/kg/day. By applying the principles of conventional surgery all patients underwent vedio-assisted thoracoscopy as a minimally invasive technique.

.....
* Department of surgery, Al Hussain Teaching Hospital, Nassyriah ,Iraq.

Double lumen Endotrachea l intubation was utilized in all cases along with CO₂ insufflation.

RESULTS

complete thoracoscopic removal of pulmonary hydatid cyst was successful in all cases. With no conversion to open thoracotomy. All of them showed rapid recovery except in one patient in whom prolonged intercostals driange was present for 3 weeks. the average time of the procedure was 90 min. leak]. .follow up of 2-12 months, all patients doing well and asymptomatic.

CONCLUSION

open thoracotomy is the standard

procedure for various thoracic disease against which other procdures are compared(4).currently video-assisted thoracoscopic surgery has gained widespread acceptance in the management of a variety of thoracic diseases. Thoracoscopy involves performance of intrathoracic procedures through several small thoracostomy openings without a thoracotomy(5). Thoracoscopic removal of live or uncomplicated hydatid cysts does not afford the advantage of capitonage for control of bronchial air leaks and may lead to spillage and pleural recurrence(6). although these technique are still in early development .

The initial results are promising. with experience ,it is anticipated that such such procedures continue to improve(6).

REFERENCE

1. Norman,Williams and Christopher J.K.[2008] Hydatid disease . Baily's and Loves short practice of surgery 25th edition:56-57.
- 2.F.Charles Bounicardi .[2010] Hydatid disease .Schwartzs principles of surgery9th edition:1116.
- 3.Townsend,Beanchamp,Evers and Mattox[2008]fungal and parasitic infection . Sabiston text Book of surgery18th edition:1742.
- 4.S N Oak,S V Parelkar .[2009] review of video-assisted thoracoscopy in children . Journal of minimal access surgery 1 july-september,volume 5,issue 3:57.
- 5.Zaffer Saleem Khandy,Deepak[2009]video-assisted thoracic surgery in chiledren.Journal of minimal access surgery 1 july-september,volume 5:issue 3.
- 6.Hugh S.Paterson,David F.Blyth[1996]Thoracoscopic evacuation of dead hydatid cyst.The journal of thoracic and cardiovascular surgery:111:1280-1281.
- 7.Sandesh V.Parelkar,Rahul k.Gupta[2009] Experience with video-assisted thoracoscopic removal of pulmonary hydatih cysts in children.Journal of pediatric surgery 44:836-841.
- 8.Ghazwan S Butrous [1980] Pulmonary hydatid cyst in children of Iraq.Journal of tropical peditrics 26:20-23.