

The 8th European Conference On General Thoracic Surgery

1st – 3rd November 2000 London, United Kingdom

Final Programme
& Abstracts

P3.8 SURGICAL TREATMENT OF LUNG CANCER WITH SYNCHRONOUS BRAIN METASTASIS. A REVIEW OF 21 CASES.

P Vadasz, A Csekeo, Z Heiler, L Agocs Thoracic Surgical Clinic of Nation Koranyi Instit., Budapest, Hungary

P3.9 SOLITARY FIBROUS TUMOURS OF THE PLEURA RTC Does, RH Sandvliet, M Heysteeg, HC Van Mourik, MA Paul Department of Surgery, Zuiderziekenhuis, Rotterdam,; Department of Pneumonology, Zuiderziekenhuis, Rotterdam, Department of Surgery, Free University Hospital, Amsterdam, Netherlands

P3.10 ETILEFRINE IN THE TREATMENT OF POSTOPERATIVE CHYLOTHORAX

Ioannis C. PAPACHRISTOS, Chris J. DANTSIS, Konstantinos K. TSOLAKIS
Thoracic Surgery Dept., "424" Army General Teaching Hospital,
Thessaloniki, Greece

P3.11 VIDEO ASSISTED THORACIC SURGERY (VATS) THROUGH A SINGLE PORT

Marcello Migliore, Riccardo Giuliano, Alberto Terminella, Giulio Deodato Dept. of Surgery, Sect. of General Thoracic Surgery, University of Catania, Catania, Italy

P3.12 LETALITY IN THORACIC SURGERY – WHICH FACTORS BEST DESCRIBE THE RISK ?

Klaus D. Diemel, Massaki Nakashima, Christiane Albrecht, Joern Halberstadt, Uwe Heitmann, Joachim Schatz, Detlev Branscheid Departement of General Thoracic Surgery (Head: D. Branscheid), Zentrum fuer Pneumologie und Thoraxchirurgie, Grosshansdorf, Germany

THE EUROPEAN SOCIETY OF THORACIC SURGEONS

P3.10 ETILEFRINE IN THE TREATMENT OF POSTOPERATIVE CHYLOTHORAX

Ioannis C. Papachristos; Chris J. Dantsis; Konstantinos K. Tsolakis Thoracic Surgery Dept., "424" Army General Teaching Hospital, Thessaloniki, Greece

OBJECTIVE: Etilefrine, a sympathomimetic agent, causes smooth muscle contraction of the thoracic duct. It improves the prognosis of a conservatively managed chylothorax, as shown by the 3 clinical cases' pioneering work, reported by Guillem and Triboulet. In our Department another case was managed by adding Etilefrine to the failing "standard conservative treatment." We review this additional case to assess whether or not the drug had any influence on the outcome.

METHODS: A high-dose Etilefrin I.V. Infusion (EIVI), up to 5mg/hr, is added to the conservative management of a postoperative chyothorax (withdrawal of oral intake, Total Parenteral Nutrition [TPN], etc) on two conditions: Firstly the diagnosis be confirmed by the presence of chylomicrons in the pleural fluid. Secondly the chylous output on fifth postoperative day be <10ml/kg of body weight. A white male, aged 35, weighing 100kg, got chylothorax post right lower lobectomy for hamartoma. Fasting and TPN only resulted into slight decrease of the rate of chyle drainage.

RESULTS: The initial addition of low-dose EIVI (0.625mg/hr) caused a temporary, slight decrease of the chylous output, lasting for 3 days only. Then EIVI rate had to be gradually increased to 4.2mg, well tolerated by the patient: the chylothorax was controlled and the drain was removed. The patient, followed up for 4 months, has so far remained well.

CONCLUSION: When conservative treatment of a postoperative chylothorax is indicated, Etilefrine can be considered as a useful and important adjunct to it.