

Surgical resection is an effective treatment of bronchiectasis in selected patients

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In this issue of *Journal of Thoracic Disease* Al-Refaie *et al.* report their retrospective observational series on 138 patients operated for bronchiectasis (BE) in a single tertiary referral hospital in Egypt (1). The authors report no operative mortality and a complication rate of only 13%. Although similar results have been presented earlier (2,3), the authors should be congratulated for their excellent outcome in this often difficult group of patients. Furthermore, their study brings an important message that surgical resection for BE can be performed with low morbidity and mortality, especially in this part of the world where pulmonary infections with serious sequelae are common.

Similar to other studies, the authors defined BE on a pathological basis of different etiologies, involving conditions with abnormal or permanent dilatations of the proximal bronchi (4). This included patients with different underlying diseases, such as post tuberculosis infections and sequestrations, but even middle lobe syndrome, where the definition of BE is not always so easy to define (5). This "mixture" of pathologies, some with limited numbers, makes analysis of different subgroups difficult.

Prior to surgery the patients had been treated for recurrent infections with appropriate antibiotics and physiotherapy; most of them suffering from productive cough with fetid sputum, with or without hemoptysis. Surgery was only considered if symptoms persisted, hospitalization was required and if complete removal of the diseased part of the lung was deemed possible. The most common procedure was lobectomy (81.2%) or bilobectomy (8.7%); segmentectomy, however, was only performed in 2.2% of patients, indicating advanced BE in most cases.

The combined rate of early and late complications was very low, or only 13%. Furthermore, all patients survived surgery, including the 11 patients that underwent pneumonectomy. This is an excellent outcome after procedures that often can be

technically complex due to previously destructive lung infections. One of the reasons for the excellent outcome in the present study is probably the fact that the patients mean age was only 30 years and most of them did not have other co-morbid conditions. Furthermore, the low rate of complications could be related to strict definitions, both for short-term (minor and major) and long-term complications, but also due to the short median follow-up which was only 2 years. Long-term survival data was not reported, but would be of interest to the readers and should be investigated in future studies. The most important finding, however, is that in over 84% of cases symptoms disappeared and only 15.8% of the patients had residual symptoms. Surgery therefore seems to effectively relieve symptoms in this selected group of patients, at a cost of low morbidity and mortality.

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References

1. Al-Refaie RE, Amer S, El-Shabrawy M. Surgical treatment of bronchiectasis: a retrospective observational study of 138 patients. *J Thorac Dis* 2013;5:228-33.
2. Stephen T, Thankachen R, Madhu AP, et al. Surgical results in bronchiectasis: analysis of 149 patients. *Asian Cardiovasc Thorac Ann* 2007;15:290-6.
3. Kutlay H, Cangir AK, Enön S, et al. Surgical treatment in bronchiectasis: analysis of 166 patients. *Eur J Cardiothorac Surg* 2002;21:634-7.
4. Gudbjartsson T, Gudmundsson G. Middle lobe syndrome: a review of clinicopathological features, diagnosis and treatment. *Respiration* 2012;84:80-6.
5. Balkanli K, Genç O, Dakak M, et al. Surgical management of bronchiectasis: analysis and short-term results in 238 patients. *Eur J Cardiothorac Surg* 2003;24:699-702.

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