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Hypertensive Late Hemothorax following Left Pneumonectomy

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Abstract

Introduction: Lung cancer is an extremely serious disease, in most cases the onset of symptoms comes in late stages of the disease. Local and distant tumor development limits the surgical indication, many times the surgical act being a heroic one. Out of all pulmonary resections pneumonectomies are real challenges as possible postoperatory complications can be life-threatening.

Materials and Method: We present the case of a 66 year-old female patient at the time of surgery, diagnosed with locally advanced adenocarcinoma of the left lung (lower lobe tumor invading the upper lobe), who sustained left pneumonectomy with mediastinal lymphadenectomy in March 2012. Immediate postoperative evolution was favorable – gradual reduction of the residual cavity, with left shift of the mediastinum – basically a normal post-pneumonectomy course.

Results: Upon imagistic control at one year postoperatively the following was observed: the residual cavity had increased in size under the pressure of a fluid which instead of diminishing in quantity was present in a significantly higher volume than on previous postoperative examinations. The general consensus was that we are dealing with pleural metastases which were producing excess pleural fluid. The evolution of the patient and subsequent surgical interventions have demonstrated that the first impression is not always the truth.

Conclusion: There are cases, like the one presented, which seem without therapeutic solution. Upon careful analysis, dubled by perseverance, these cases benefit from spectacular results which break down grim hypotheses previously formed. Associated pathology can create in these cases an unbalance in the organism, which will negatively influence local postoperative evolution.

Key words: postpneumonectomy cavity, parietal pleura, thoracic duct

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