

Bronchopleural leakage treated with fibrin sealant and high-frequency positive-pressure ventilation.

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Abstract:

In a 62-year-old man, left spontaneous pneumothorax appeared 14 days after right pneumonectomy. The large air leakage necessitated thoracotomy and resection of a bullous area upper lobe. Pleurectomy was not performed. The air leakage continued for 14 more days until, at a second left thoracotomy, numerous bullae were oversewn and covered with fibrin sealant. High-frequency positive-pressure ventilation (90 respirations/min, 21 l/min) was used for the following 6 hours. After 18 hours there was not more air leakage during spontaneous ventilation and the patient made a good recovery.