

# **Percutaneous technique for management of persistent airspace with prolonged air leak using fibrin glue.**

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## **Abstract:**

A 68-year-old white man with lung carcinoma underwent removal of the lower lobe of the left lung. Four months later, the patient developed a hemothorax requiring exploratory thoracotomy, evacuation of he-mothorax, and decortication. Postoperatively, a persistent airspace with prolonged air leak developed. Bronchoscopic application of fibrin glue failed to seal the leak. Percutaneous transthoracic application of fibrin glue with CT scan guidance partially obliterated the space and completely sealed the leak. We describe this simple and effective technique for management of this special problem.