Prevention of parenchymal air leakage after lung resection; comparison of effectiveness in drug formation of fibrin adhesive. [Japanese]

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Publication Date: 2003

Abstract:

We investigated the comparative effectiveness of the seat and glue types of fibrin adhesive, to clarify which is more useful in preventing postoperative parenchymal air leaks after lung resection. One hundred sixteen patients received fibrin adhesive to prevent postoperative air leakage after lung resection carried out by the same surgeon. Ninety-two lobectomies and 24 partial resections were assessed. There were 29 patients with emphysematous lung. In the seat type group, an average of 2.6 postoperative days elapsed before chest drain removal. In the glue type, this average was 3.2 days, a significant difference. This difference was also evident in the lobectomy group. However, among emphysematous lung patients and the partial resection group, there was no apparent difference. Prolonged air leakage was seen in 2 patients with emphysematous lung, but no difference in terms of drug formation could be seen. The seated type of fibrin adhesive was more useful than the glue type in preventing postoperative air leaks, but in emphysematous lung patients, better surgical technique would seem to be the critical factor.