

# LEFT MAIN BRONCHUS STENOSIS DUE TO TUBERCULOSIS

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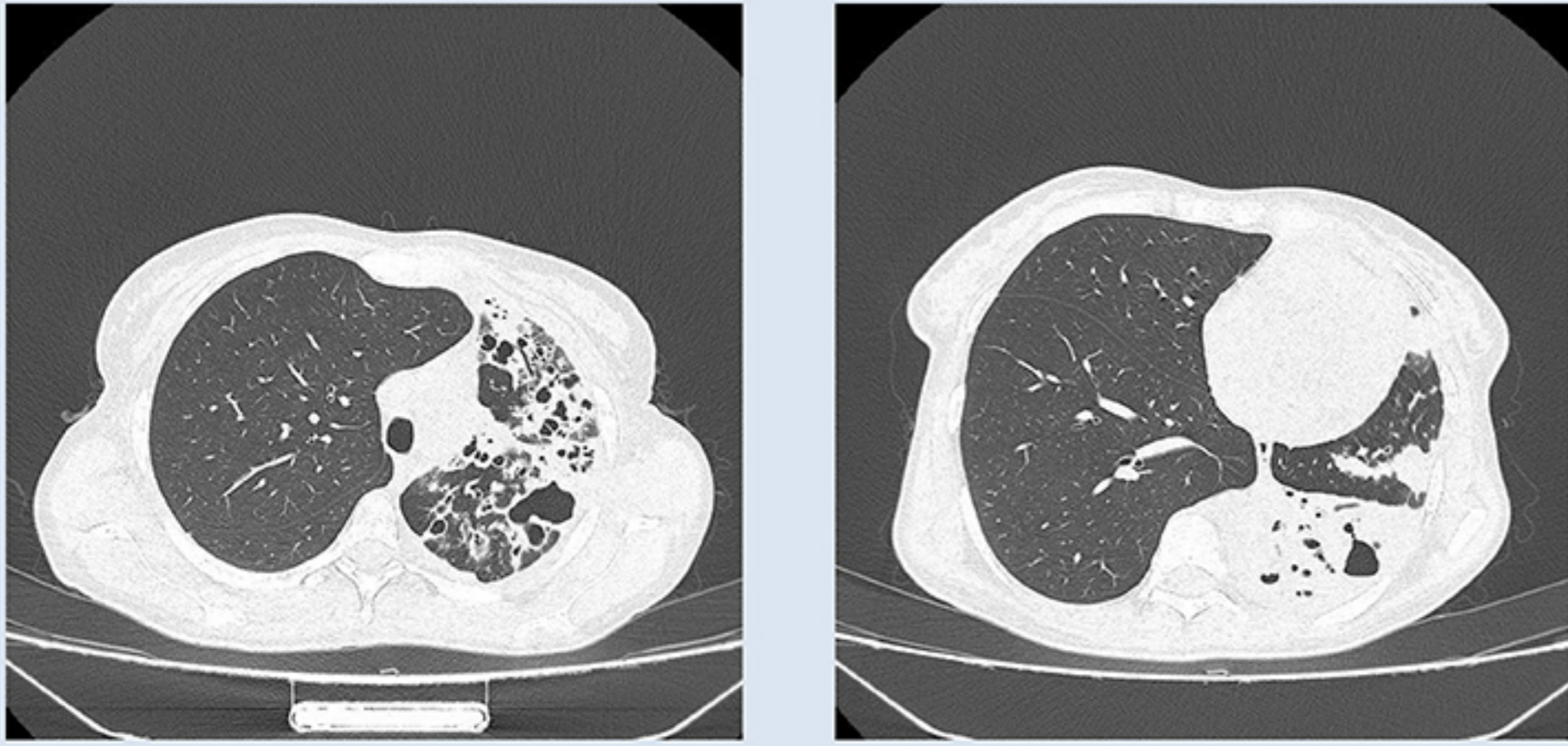
## Introduction

Pulmonary TB can be a source of severe complications, such as unilateral lung destruction occurring in the final phase of progressive disease or disease reactivation

Lung destruction, particularly in association with bronchiectasis, is easily colonized by bacteria and fungi and this may be one reason why pulmonary TB is associated with considerable morbidity and mortality

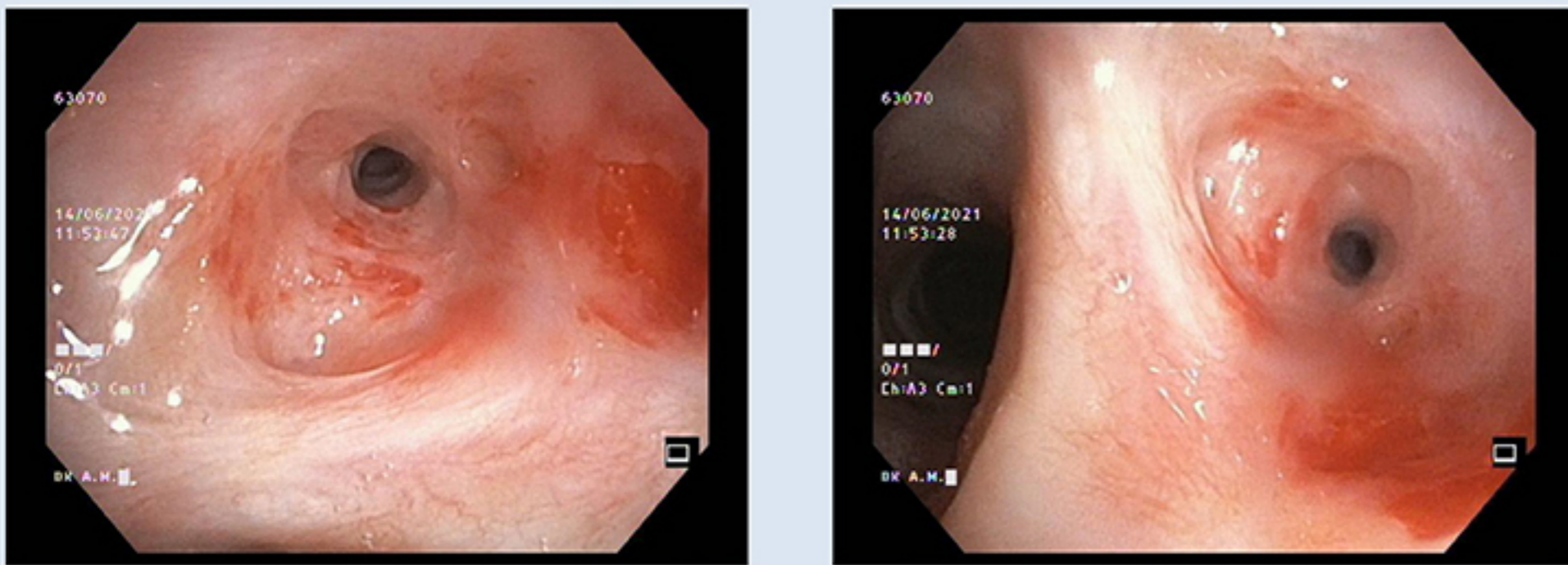
## Case presentation

33 y.o female  
Pulmonary TB  
Chronic respiratory failure  
Clostridium Difficile recurrent infection with severe previous dehydration



### Preoperative evaluation:

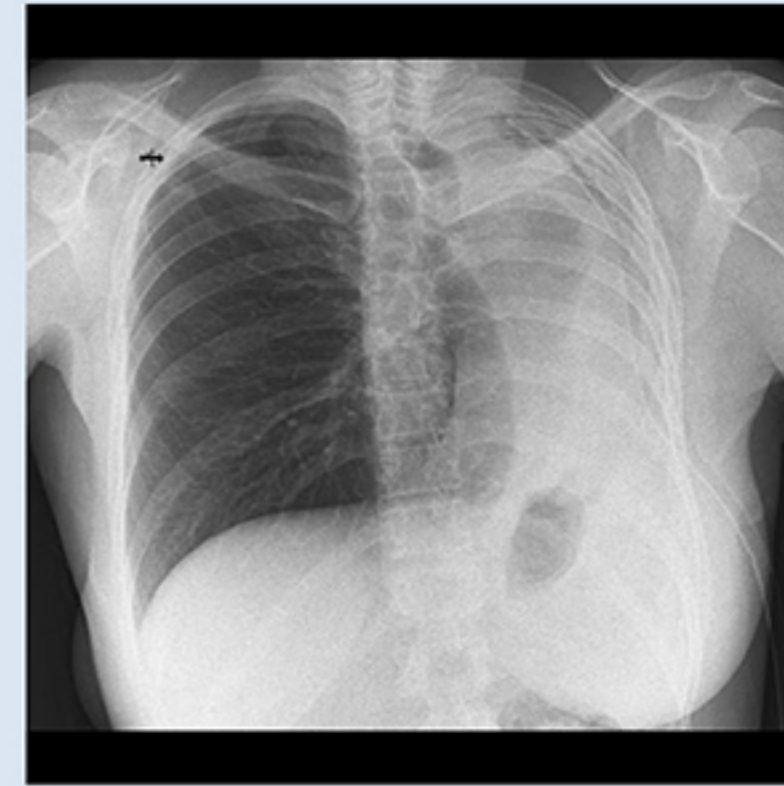
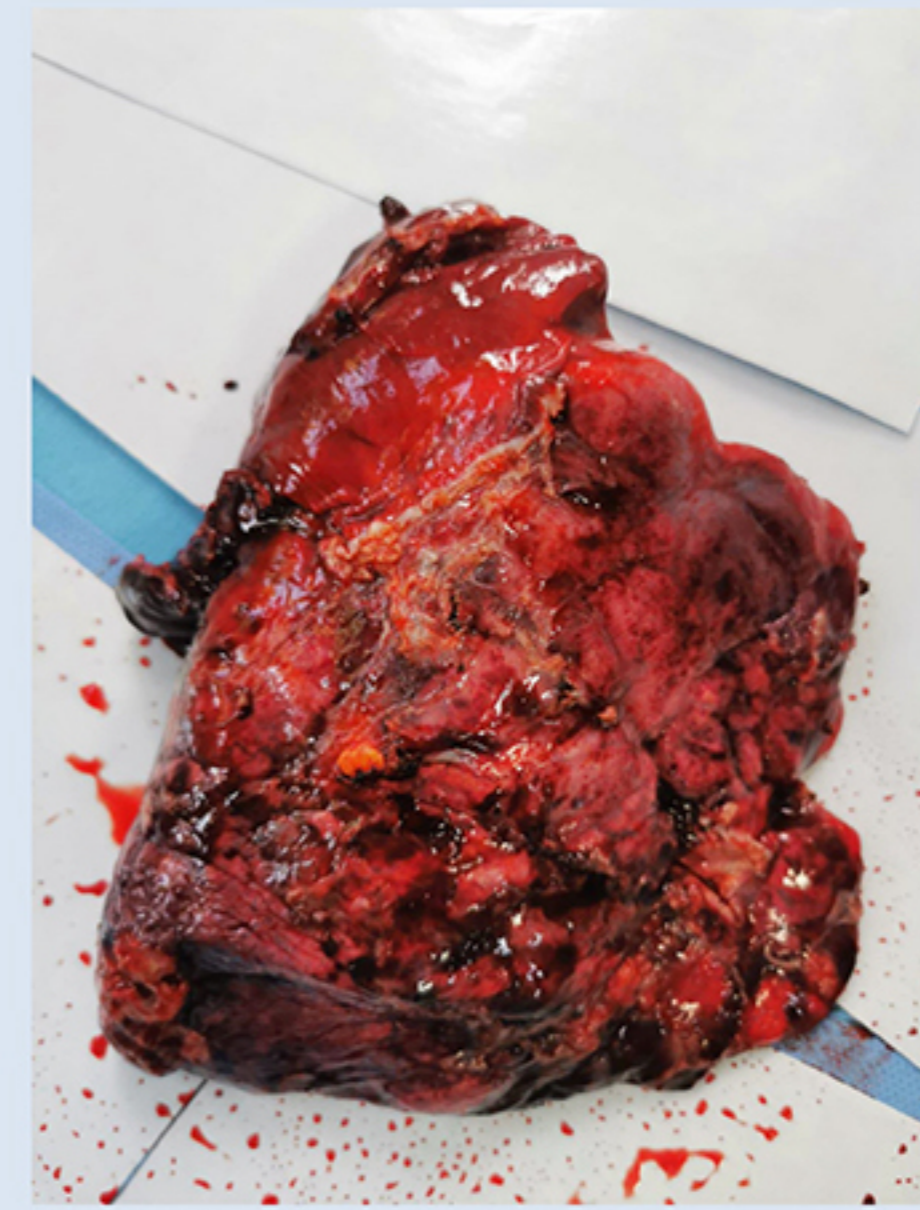
Spirometry and body plethysmography  
Cardiac consult and echocardiography -> Pulmonary hypertension was considered so further tests were required  
Cardiac catheterization – PHT was ruled out (PaPs=18mmHg)  
Profilactic treatment with Metronidazole for C. Difficile  
Bronchoscopy – complete stenosis of the left main bronchus 2.5 cm from the tracheal bifurcation



## Results

Left pneumonectomy was performed, under general anesthesia

Post-operative evolution was favorable, with no cardiac or respiratory complications  
The chest drainage was suppressed four days after the surgery.



## Conclusions

Surgery is the only viable treatment in the cases of destroyed lung due to tuberculosis

The pulmonary abscess develops both due to TB and also other co-infections : Aspergillosis, K. Pneumoniae, other fungi.

Patients who cannot sustain general anaesthesia or have severe pulmonary lesions on the contralateral lung are prone to high morbidity and mortality, due to respiratory failure.

Although surgery for TDL is difficult and complications may occur, preventive measures can be done to prevent undesirable outcome.

## References

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2. Bai L, Hong Z, Gong C, Yan D, Liang Z. Surgical treatment efficacy in 172 cases of tuberculosis-destroyed lungs. Eur J Cardiothorac Surg. 2012;41(2):335-340.
3. Byun CS, Chung KY, Narm KS, Lee JG, Hong D, Lee CY. Early and long-term outcomes of pneumonectomy for treating sequelae of pulmonary tuberculosis. Korean J Thorac Cardiovasc Surg. 2012;45:110-15