

MEETING ABSTRACT

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Completion lobectomy for unanticipated pN1 disease on postoperative pathology after segmentectomy for cT1N0 lung cancer: Prevention of pleural adhesion by using fibrin glue

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Background/Introduction

Segmentectomy is an anatomic sublobar resection that has recently been introduced for small lesions in cases of lung cancer.

Aims/Objectives

In completion lobectomy after segmentectomy, pleural adhesion in the hilar vessels and inter-segmental plane makes the procedure most difficult. Preventing adhesion could reduce intraoperative bleeding and operation time in cases of reoperation.

Method

Here, we present a case of right S9+10 segmentectomy followed by completion lobectomy for unanticipated nodal metastasis of cT1N0/pN1 lung cancer, in which pleural adhesion was prevented by coating with fibrin glue.

Results

We describe the case of a 54-year-old man who underwent completion lobectomy for unanticipated hilar nodal metastasis reported on postoperative pathologic examination 1 month after right S8+9 segmentectomy for clinical T1N0 lung cancer. In the initial surgery, we used electrocautery without a stapler to divide the inter-segmental plane. The entire dissected inter-segmental plane was covered with absorbable mesh and fibrin glue. At re-thoracotomy, pleural adhesion at the inter-segmental plane was never observed

although there were adhesions at parietal pleura not covered with fibrin glue.

Discussion/Conclusion

Covering the inter-segmental plane with fibrin glue may be useful not only for preventing air leakage but also for preventing pleural adhesion.

Consent

Written informed consent was obtained from the patient for publication of this abstract and any accompanying images. A copy of the written consent is available for review by the Editor of this journal.

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