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11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
Universitari  
Sagrat Cor

10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



30<sup>th</sup> Congress of the "Asociación Iberoamericana  
de Cirugía Torácica" AIACT



10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## UNIPORTAL VATS VS OPEN APPROACH FOR PULMONARY HYDATIDOSIS

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**Background:** Although rare in the Western world, the incidence of hydatid disease remains prevalent and notably endemic among Palestinians. Until 2017, the surgical treatment of lung pathologies was performed primarily through traditional open thoracotomy. Recently, the uniportal video-assisted thoracoscopic surgery (VATS) approach has been applied to cases of pulmonary hydatid cysts, yielding highly satisfactory results.

**Methods:** Between January 2010 and January 2019, a total of 39 patients with pulmonary hydatid cyst disease underwent surgical treatment. These cases were divided into two cohorts: operations performed via thoracotomy (group A, n=16) and those performed via uniportal VATS (group B, n=23). Prospectively collected data were analyzed retrospectively, and the results were compared between the two groups.

**Results:** There were no significant statistical differences in terms of demographics and comorbidities between the two groups. Laboratory tests were similar, except for hemoglobin levels, which were higher in group A (P=0.001). Despite this, the need for blood transfusion was greater in group A (P=0.016). Additionally, the operation time was longer in group A (P=0.000). Chest drainage duration was also longer in group A (P=0.077). Postoperative pain levels were significantly higher in group A, particularly on postoperative day 1 (P=0.000). Patients in group B were discharged from the hospital earlier (P=0.011) and experienced fewer complications (P=0.060). There was no significant difference in the length of ICU stay between the groups. Neither recurrence nor 30-day mortality was recorded in either group.

**Conclusions:** The uniportal VATS approach can be safely employed for the treatment of pulmonary hydatidosis and appears to offer several advantages over the traditional open thoracotomy approach.