



Sixth International Joint Meeting on **THORACIC SURGERY**

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11th International Meeting on General Thoracic Surgery



Hospital
Universitari
Sagrat Cor

10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



5th 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)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
de Cirugía Torácica" AIACT



10th International Workshop on Surgical Exploration of the
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PROGNOSTIC FACTORS IN OPERATED TYPICAL BRONCHOPULMONARY CARCINOID TUMORS

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*Bronchopulmonary carcinoid tumors are rare neuroendocrine tumors of reduced malignancy, divided into four classes of increasing aggressiveness (typical carcinoid, atypical carcinoid, large-cell neuroendocrine carcinoma and small-cell carcinoma), with a less favorable prognosis in atypical carcinoids and a non-negligible metastatic potential in typical carcinoids. *Highlight the different prognostic factors influencing the survival of patients operated for carcinoid tumors. *Retrospective descriptive study of 58 patients operated on for typical carcinoid tumors in the thoracic surgery department of Abderrahman Mami Hospital, Ariana, over a 15-year period. *Overall survival at 15 years for typical carcinoids was 89%. Sex had a significant influence on survival in typical carcinoids (for females, survival at 15 years was 94%, for males 77%), as well as age (patients over 50 years had poorer survival than others). Survival was not significantly influenced by tumour size, with a 15-year survival rate of 95% for T1 tumours versus 79% for T2 stages. Tumor site had a significant influence on survival, with 90% survival at 15 years for central tumors versus 66% for peripheral tumors. There was also a significant difference in survival according to lymph node invasion (93% survival at 5 years for N- tumors vs only 58% for N+ tumors). The type of resection had a non-significant impact on survival, which was slightly reduced in regulated resections (88% survival at 15 years after standard resection versus 95% in the case of conservative resection). *Typical bronchopulmonary carcinoid tumours have a relatively good prognosis. Age over 50, tumour size over 3cm, peripheral location and lymph node invasion are pejorative factors significantly influencing survival, while distant metastases remain a possibility, implying prolonged surveillance.