



Sixth International Joint Meeting on **THORACIC SURGERY**

Barcelona - 20th, 21st and 22nd November 2024
Auditorio Foment del Treball Nacional, Barcelona (Spain)

11th International Meeting on General Thoracic Surgery



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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



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MINIMALLY INVASIVE TREATMENT FOR THORACOABDOMINAL GUNSHOT WOUND IN STABLE PATIENT

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OBJECTIVES

Thoracotomy is mandatory procedure by penetrating chest injury in an unstable patient and sometimes also needed in stable patient with serious injury. The role of VATS in treatment of stabile patient with penetrating injuries is not clear. Reports suggest that VATS could be part of the chest trauma algorithm in the future. The purpose of this case presentation is to provide new information about feasibility of minimally invasive treatment for complex penetrating thoracoabdominal injury.

METHODS

Stable 83-year-old patient was treated by VATS and laparoscopy for a gunshot wound to the left chest and abdomen. The projectile entered the chest under the left mamilla, then entered abdomen and re-entered the chest cavity stopping under the skin. We used Echalon stapler to resect lingula and lower lobe and to close diaphragmic defects. Entry and exit wound were additionally resected and the projectile was removed. In addition, we performed laparoscopic adhesiolysis and blood evacuation. No stomach or intestines injury was identified. Patient previously had splenectomy.

RESULTS

The patient was stable during and after the operation. No postoperative bleeding or air leak was recorded. Chest X-ray showed no intrathoracic complications. The patient was discharged to a rehabilitation clinic after six days. Although, in our case the treatment was successful, more data on this subject is needed before this becomes a standard part of the trauma algorithm.

CONCLUSIONS

We find minimally invasive treatment of complex thoracoabdominal penetrating injury in stable patient feasible in an experienced team with high volume of trauma and VATS cases.