



# Sixth International Joint Meeting on **THORACIC SURGERY**

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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



## **CASE REPORT OF A CHRONIC ABANDONED SPONTANEOUS NEUMOTHORAX TREATED WITH PLEUROPULMONARY DECORTICATION**

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**Objectives:** This study aims to present a rare case associated with high morbidity, technically challenged, involving the management of chronic abandoned pneumothorax—a condition not documented in medical literature.

**Material and Methods:** A retrospective analysis was conducted on a 22-year-old woman presenting with chronic abandoned pneumothorax at Clínica Bupa, Santiago, Chile, in 2023. Comprehensive records covered personal demographics, clinical presentation, necessary imaging, performed procedures, biopsies, and outcome details.

**Results:** The patient, devoid of significant medical history, reported chest pain and respiratory distress. Tachycardia and normotension were observed. A similar episode six months earlier had been managed with analgesics. Physical examination revealed absent breath sounds on the left, confirmed as a massive pneumothorax on X-ray. Subsequent chest tube insertion and a CT scan disclosed apical blebs and compromised lung expansion. Video-assisted thoracoscopy revealed mild air leakage and extensive lung entrapment. Biopsies and cultures ruled out neoplasia, tuberculosis, infections, and other rare diseases. Ultimately diagnosed as chronic pneumothorax, the patient underwent a challenging 6-hour pleuropulmonary decortication, initially attempted via thoracoscopy but converted due to complexity. The surgery achieved approximately 80% lung expansion. Postoperative recovery was uneventful, with pain effectively controlled by analgesia. No significant air leaks were observed. The patient was discharged 11 days after surgery. Follow-ups revealed good expansion with no complications. Both biopsies showed chronic inflammation.

**Conclusions:** Primary spontaneous moderate or severe pneumothorax often necessitates early consultation with standardized treatment. The significant untreated pneumothorax is rare or unreported, as literature on this condition includes just a case report (Tian 2018)