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
Clínic Barcelona | Universitat de Barcelona | Hospital Universitari Sagrat Cor

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)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

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3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)
SECT Sociedad Española de Cirugía Torácica

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

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SLEEVE LEFT S6 SEGMENTECTOMY FOR LUNG CANCER ARISING FROM THE INLET OF LEFT B6 BRONCHUS

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a) introduction Bronchoplasty is usually perform with one or more lobe resection for lung cancer near the hilum or lung cancer with hilar lymph node metastasis, and sleeve segmentectomy is very rare procedure. b) indication of the technique The patient was 81-year-old male with history of angina pectoris, chronic kidney disease, and diabetes mellitus. He was found two nodules in the left upper lobe and at the inlet of left B6 bronchus on chest computed tomography, and suspected of double primary lung cancer. We performed wide wedge resection of left upper lobe and sleeve S6 segmentectomy with suturing left lower bronchus and left basal bronchus by end-to-end anastomosis to preserve lung function. The final diagnosis was squamous cell carcinoma in both nodules. c) description of the technique The patient was made posterolateral thoracotomy at the fifth intercostal space. First, we performed wide wedge resection of left upper lobe, and then, we performed Sleeve S6 segmentectomy. The superior segmental artery and vein of the lower lobe and segmental plane were dissected, and only the superior segmental bronchus was left. Left lower bronchus and left basal bronchus were cut, and the superior segment was removed. The bronchial resection margin was confirmed to be pathologically negative in a frozen section. Bronchial end-to-end anastomosis was performed with continuous suture and full-thickness bites by using 4-0 monofilament non-absorbable material. d) conclusion Sleeve segmentectomy was very rare but useful surgical procedure for early-stage non-small cell lung cancer located at the inlet of the segmental bronchus.