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INTRODUCTION We present the case of a patient 28 years old diagnosed with pulmonary tuberculosis in Senegal in 2017 who completed medical treatment for 6 months. Hospital admission in 2024 due to weakness, fever and purulent expectoration with finding in chest Xray performed of right hydropneumothorax. Thoracic CT was performed showing multiple bronchopleural fistulas in the right bronchial tree, affecting the right main bronchus and intermediate bronchus. INDICATIONS OF THE TECHNIQUE Multiple right bronchopleural fistulas as a sequel after tuberculosis infection and loss of pulmonary parenchyma. DESCRIPTION OF THE TECHNIQUE Thoracoplasty is performed with associated transposition of latissimus dorsi and serratus muscle flap including skin island for repair of bronchopleural fistula of the right main bronchus. Myoplasty of latissimus dorsi and serratus muscles with skin island for obliteration of residual pleural space and suture of skin island to right main bronchus lumen with resorbable monofilament 3.0. Subsequently, thoracoplasty with resection of the 4th, 5th, 6th and 7th right costal arches. CONCLUSIONS - Thoracic sequelae after pulmonary tuberculosis infection are infrequent at present, but their incidence is prevalent in certain regions and it is necessary to have an adequate understanding of its surgical treatment. - Thoracoplasty associated with transposition of muscle flaps as treatment of post-tuberculosis bronchopleural fistula is a complex surgical procedure with optimal results. - It is necessary to perform a comprehensive preoperative assessment of the patient that should include nutritional optimization and control of persistent infections prior indication of surgery.