

## **VATS IN THE MANAGEMENT OF SOLITARY PULMONARY NODULES**

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### **INTRODUCTION**

Solitary pulmonary nodules (SPNs) are increasingly detected because of the extensive use of chest x-rays and CT scans. New imaging techniques and nuclear medicine have provided more information about SPNs, but surgical removal is still the most sensitive and specific way to establish a definitive diagnosis.

### **METHODS**

22 patients were treated by VATS because of a SPN at our unit.

### **RESULTS**

A definitive pathologic diagnosis was achieved in all cases. In 3 cases only a diagnostic biopsy was performed. Among the remaining 19 patients we had: 9 bronchogenic carcinomas, 7 metastasis (6 from colon cr and one from kidney cr), 1 carcinoid, 1 condroma, 1 abscess. The patients with lung cancer were treated by 4 atypical resections, 4 wedge resections and 1 standard lobectomy with mediastinal lymphadenectomy. Atypical resection or wedge resection were reserved to high risk patients aiming to confirm the diagnosis and to debulk the tumor. We had no intraoperative complications and no perioperative deaths.

### **CONCLUSIONS**

VATS represents the approach of choice for both diagnosis and treatment of SPNs, especially if they have a high risk of malignancy, and offers the benefit of lower perioperative morbidity and decreased length of hospital stay. In selected patients atypical resection or even anatomic lobectomy for lung cancer are technically feasible by VATS.

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