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## 25 cases with pulmonary tuberculosis sequelae due to surgical procedures; Experience in Japan

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 $S_{\rm tuberculosis}$  before the introduction of effective antituberculosis medicines. Early surgical therapies consisted of a variety of collapse therapies including thoracoplasty, ball plombage, artificial pneumothorax and phrenicotomy and the first report of pulmonary resection was in 1891. Although surgery played a prominent role in tuberculosis management during the early twentieth century, it was largely abandoned with the introduction of modern antituberculosis chemotherapy and chemotherapy has been the main treatment method for tuberculosis until the present day. However, the global emergence of drug-resistant TB including multidrug resistant (MDR) and extensively drugresistant (XDR) disease has led to the re-examination of surgery as an adjunctive treatment for highly drug-resistant TB and there are few reports of long-term prognosis. We have carried out a retrospective analysis on 25 pulmonary tuberculosis sequelae cases due to surgical procedures. The analysis was based on the medical records of tuberculosis sequelae cases who visited Ibarakihigashi National Hospital

from 2012 to 2016. They include 10 thoracoplasty cases, 6 pneumonectomy cases, 6 upper lobe resection cases, 2 artificial pneumothorax cases and 1 phrenicotomy case. Although 16 of 18 cases with spirometry data available had restrictive ventilatory defect after a median time of 60 years from surgical procedures, 25 cases survived for a media time of 56 years from surgery, though 7 cases needed long-term oxygen therapy and 5 cases did non-invasive positive pressure ventilation. Most cases of pulmonary tuberculosis sequelae due to surgical procedures survived for a long time after surgery. This study suggests that surgical procedures may be an important element of successful therapy for non-tuberculous mycobacteria, MDR-TB or XDR-TB with limited therapeutic options.

## Speaker Biography

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