SURGICAL TREATMENT OF PATIENTS WITH ACUTE PLEURAL EMPYEM

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The aim of the work was to study the timing of the need for classical surgical interventions depending on the duration of the disease in patients with acute pleural empyema.

Materials and methods. Results of treatment of 426 patients with acute pleural empyema within the period of 2008-2022 have been analyzed. 109 (25.6 %) of them needed open surgical treatment after sanitation of the pleural cavity.

Results. Open surgical interventions were required by patients hospitalized to the clinic after 6 weeks from the onset of the disease. At the same time, among those hospitalized within 6-8 weeks, the need was 18.27%, and after 8 weeks - 81.73%. Among those hospitalized up to 8 weeks from the onset of the disease, half of all operations were cost-effective resections and lung decortication, while at a later date they accounted for only 17.38% of all surgical interventions. Most often, these patients required pleurectomy with lung decortication (48.9%) and pneumonectomy - 21.73%.

Conclusions. Need for classical surgical intrusions after sanitation of pleural cavity in acute pleural empyema remains at the level of 4.65 % - 5.26 %.

Keywords: acute pleural empyema, surgical treatment, temporary occlusion of the bronchus.