Miami Valley Hospital
Premier Health Partners

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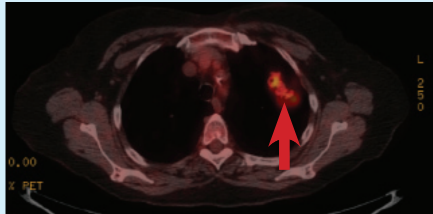
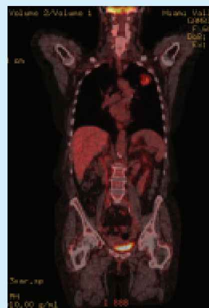
Cardiology
Cardiothoracic Surgery

Case Study

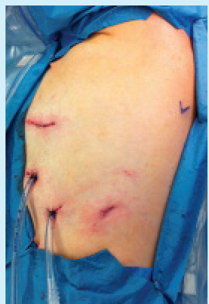
mvh.org/heart

PET Scan

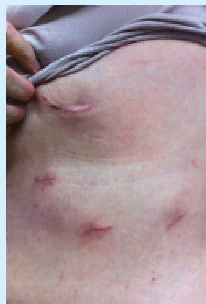




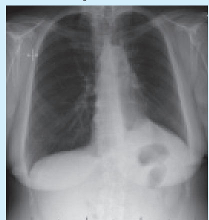
Intra-operative

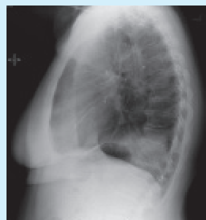


Postoperative



Postoperative





Chest X-rays – 3 weeks

Case study courtesy of:

Joseph H. Houda, MD

Video Assisted Lobectomy for Left Upper Lobe Lung Mass

Clinical History

A pleasant 60 year old woman presented to Cardiothoracic Surgery Associates with a 5cm x 2cm lung mass which was found during screening exams for potential bone marrow donation to her sister. She was totally asymptomatic. She had a significant smoking history of 1 pack per day for 30 years. She quit smoking 10 years ago. She also had the curious situation of a positive PPD since the 4th grade, but had never been ill and never was treated for tuberculosis. She had undergone bronchoscopy with washings and biopsies which were negative for malignancy. Cultures were negative as well.

Imaging

Preoperative imaging included a PET scan which demonstrated a 5x2 cm left upper lobe lung mass with an SUV of 7.6. There was no other evidence of metastatic disease. The mass was also evident on plain chest x-rays.

Treatment/Outcome

The patient was taken to surgery for video assisted biopsy of the mass with a wedge resection. A frozen section analysis of the mass revealed non small cell lung cancer, and a left upper lobectomy with mediastinal lymph node sampling was performed. This was accomplished using a 4 cm access incision with no rib notching or spreading, and three 10mm instrument incisions. The final pathology on the mass was squamous cell carcinoma of the lung, measuring 4.5 x 2.5 x 2.5 cm. All lymph nodes recovered from the mediastinum were negative for malignancy, yielding a TNM stage of 1b (T2aN0M0).

Postoperatively, the patient did well and remarked on how little pain she had. She was discharged to home in 3 days. She had a fast recovery and returned to normal activity by her first postoperative visit in 2 weeks. She is being evaluated for adjuvant chemotherapy, and will be able to start a regimen soon.

Continued on back

Discussion

Thoracoscopic Lobectomy, also known as VATS lobectomy and minimally invasive lobectomy is a modern, advanced procedure. VATS has traditionally been used for simple procedures involving the pleura and surface of the lung, including biopsies and drainage of effusion. As experience in the field advances, more complex procedures have become possible. Advantages of thoracoscopic lobectomy include less postoperative pain, faster return to full activity, preserved pulmonary function, shorter chest tube duration and length of hospitalization, reduced inflammatory response, a lower rate of postoperative atrial fibrillation, and the ability to start adjuvant treatment sooner. One relative contraindication to resection via a minimally invasive approach includes a tumor size of 5 cm or greater. This case shows that tumors approaching that size can be successfully resected with VATS. We are pleased to provide this service to our patients.

Refer A Patient

To refer a patient, call (937) 208-3220.

Clinical Hours of Operation

Wednesday, 12 p.m. to 5 p.m.

Location

Miami Valley Hospital
30 E. Apple St., Suite 1480
Dayton, Ohio 45409

Joseph H. Houda, MD,

Dr. Houda is a Cardiothoracic Surgeon who performs minimally invasive techniques in General Thoracic Surgery. He earned his medical degree from the University of Pittsburgh School of Medicine, and completed residencies in General Surgery at UPMC Mercy Hospital and Cardiothoracic Surgery at Allegheny General Hospital, also in Pittsburgh, PA.

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