

Plombage Therapy

Terapêutica de Colapso Pulmonar



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Figure 1 - Radio-opaq image in the right upper lobe.

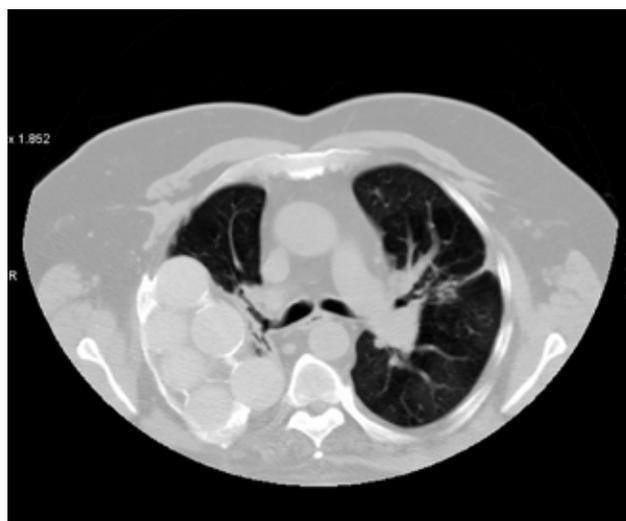


Figure 2 - Extra pleural spheres compressing the right upper lobe.

A 67 year-old man presented with exertional dyspnea in the past three months. His medical history included pulmonary tuberculosis in the 1970's and a thoracic surgery in 1972. The physical examination revealed abolished breath sounds in the third upper right lung area and the chest x-ray a large opacity occupying the right upper pulmonary lobe (Fig. 1). The chest CT scan revealed intra-thoracic, extra pleural, spheres, compressing the upper right lobe (Fig. 2), reflecting a pulmonary collapse surgery that he underwent forty years before.

Plombage therapy was widely used in the treatment of pulmonary tuberculosis (especially in cavitary disease des-

pite antimycobacterial drug therapy). It consisted in inclusion of inert materials in the extra pleural space, in order to avoid pulmonary expansion and bacillary dissemination. Due to the development of effective chemotherapy against *Mycobacterium* species and the elevated rate of complications, this technique was abandoned.¹

Nowadays plombage may be considered in patients with cavitary disease and infection by multi-drug resistant *Mycobacterium* that present contraindications to pulmonary resection surgery and have a high risk of inefficacy of tuberculostatics.²

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