

Clinical Outcome of Double Lobectomy for Metachronous Double Primary Lung Carcinoma

Toshiro OBUCHI, Takayuki IMAKIIRE, Toshinori, HAMADA,
Sou MIYAHARA, Takao HIGUCHI, Daisuke HAMATAKE,
Takao UENO, Yasuteru YOSHINAGA, Takeshi SHIRAISHI,
Takayuki SHIRAKUSA and Akinori IWASAKI

*Department of Surgery Division of Thoracic, Endocrine, and Pediatric Surgery,
Faculty of Medicine, Fukuoka University*

Abstract : Pulmonary lobectomy is performed as the radical operation for primary lung carcinoma. It is controversial, however, whether patients with second primary lung carcinoma who have undergone an initial lobectomy should also undergo lobectomy.¹⁾²⁾ We therefore retrospectively investigated the outcomes of double lobectomy for metachronous double primary lung carcinoma. From January 1998 to August 2008, we performed double lobectomy in 11 patients, 10 men and 1 woman, with metachronous double primary lung carcinoma. The patients' age at first lobectomy ranged from 48 to 79 years (mean 64.8 years), and that at second lobectomy ranged from 57 to 80 years (mean 69.3 years). The average follow-up duration was 4.4 years after the first lobectomy, and the average duration between the first and second lobectomy was 3.1 years. Eight patients were still alive, and three patients were dead after the second lobectomy at the time of the investigation. Two of three dead patients died of respiratory failure, and one died of cancer. Twenty two lung subsegments in total for double lobectomy including right lower lobectomy were resected for both dead patients with respiratory failure. A second lobectomy is appropriate as a clinical strategy for patients with metachronous primary lung carcinoma who have undergone another lobectomy. However, if right lower lobectomy is included in the double lobectomy, postoperative respiratory failure should be considered.

Key words : Double Lobectomy, Metachronous Lung Carcinoma, Right Lower Lobectomy, Respiratory Failure