Assessment in Pediatric Thoracic Surgery
—An Institutional Report—

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Abstract：Background：Thoracotomies are rarely performed in children. We reviewed and examined a series of child patients who underwent a thoracotomy at our hospital. Methods：A thoracotomy approach was attempted in 28 patients from 1994 to 2004. The patients were separated into the following four groups：lung tumor (LT), mediastinal tumor (MT), congenital disease (CD), and immune disease (ID). Differences between the groups were determined using the two-tailed paired Student's t-test, with values of $p < 0.1$ considered to have tendency toward clinical significance. Results：Postoperative morbidity occurred in only two cases (5.8%), and consisted of atelectasis in one case and chylothorax in the other. There was no perioperative mortality. Three of our patients died during the follow-up, with two dying of malignancy and one of post-pneumonectomy syndrome. The five-year survival rate among our cases of metastatic lung tumor was 66.6%. The assessment of blood loss was slightly higher in the CD ($p=0.07$) and MT ($p=0.075$) groups than in the LT group. In addition the difference between CD and the other groups in terms of the mean age tended to be lower, especially in comparison to the LT ($p=0.059$). Conclusions：Candidates for a thoracotomy for child patients should be screened carefully according to their congenital background and other factors.

Key words：Pediatric thoracotomy, Assessment, Lung and mediastinal disease