were 198 thoracoscopic talc pleurodesis, 39 pleuroperitoneal shunts, 37 pleurodesis via an intercostal drain, 28 pleural biopsies alone and 9 long term drains. Referring physicians provided survival data. Factors significance were examined with the log rank test (Kaplan-Meier), those significant entered a Cox logistic multivariate regression analysis.

**Results:** Median follow up 1288 days (range 173-2329) 100% complete. Median post-operative survival was 211 days (95%CI 169-253). Survival was not significantly different by procedure performed or tumour type. MPM had a median survival of 297 days (95%CI 236-358). Univariate analysis: Pre-operative leucocytosis, hypoalbuminaemia, raised alanine transaminase, hypoalbuminaemia were associated with reduced post-operative survival. Multivariate analysis: leucocytosis (p=0.0001), hypoalbuminaemia (p=0.014 hypoalbuminaemia (p<0.0001) maintained significance.

**Conclusions:** Surgical palliation can be individualised depending upon prognosis. Survival following palliation of MPM is the benchmark for the results of radical surgery.

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**Primary tracheal tumours**

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**Background:** Primitive tracheal tumors are extremely infrequent lesions which correspond to 2% of all upper airway neoplastic pathologies and to 0.01% of all malignant lung diseases. The objective is to evaluate the survival of these patients according to their histological type, length of resection and characteristics of the tracheal margins.

**Materials and Methods:** retrospective study of a descriptive type analyzed over ten year-periods. An examination was conducted of all resections which were less than 6 cm long and had negative margins.

**Results:** The most frequent tumor was adenocystic carcinoma, followed in frequency by epidermoid carcinoma. The duration of symptoms until diagnosis was 10 months and 33% of these patients were wrongly treated for asthma. Deobstruction, through rigid bronchoscopy, was successful as a bridge towards surgery, and it was reserved for use as an exclusive treatment for benign tumors or with a palliative criterion in non-resectable tumors. The lowest one-third was the most affected tracheal segment.

**Conclusions:** The best results in this group of patients are related to resections which were less than 6 cm long and had negative margins.