



Sixth International Joint Meeting on **THORACIC SURGERY**

Barcelona - 20th, 21st and 22nd November 2024
Auditorio Foment del Treball Nacional, Barcelona (Spain)

11th International Meeting on General Thoracic Surgery



Hospital
Universitari
Sagrat Cor

10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



5th Meeting of the Thoracic Oncology, Thoracic
Surgery, Techniques & Transplant, Respiratory Nursing
and Respiratory Physiotherapy Areas of the Spanish
Society of Pneumology and Thoracic Surgery (SEPAR)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
de Cirugía Torácica" AIACT



10th International Workshop on Surgical Exploration of the
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INDICATIONS AND TECHNICAL TIPS FOR LUNG RESECTIONS IN MULTI RESISTANT TUBERCULOSIS

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The summary: Surgery is considered a complement to drug treatment in patients with TB-MDR/RR.

It can only be performed by trained thoracic surgeons in specialized surgical units with excellent postoperative care.

Surgery can be performed early when the disease is still localized (e.g., to a lobe). Partial lung resection (lobectomy or wedge resection) can be effective and safe if performed under appropriate conditions .

At the start of treatment, there is a 'window' during which the bacillary load temporarily decreases under the pressure of antituberculosis drugs (decrease in mycobacteria in smears and/or culture). This window is the best time to intervene. Prognosis is better when resection is performed after culture conversion .

Treatment may need to be continued or modified based on the results.