Discussion

Dr. Rollin A. Daniel, Jr. (Nashville): There are two comments I might make regarding Dr. Ochsner's review of this subject. I note that local resection of these tumors was performed in only three patients. In our much smaller group of patients we have been able to do this, I believe, in only one.

I think the reason for this is that most of these carcinoid-type tumors arise in the major bronchi. By the time we see the patients bronchial obstruction is present and may have been present for a long period. Chronic atelectasis with extensive fibrosis may be present to the extent that, although a bronchoplastic procedure may be accomplished, it is not proper because the involved lung is unexpandable or functionally worthless.

I am surprised to learn that the authors have little fear of bronchoscopic biopsy of these tumors. They are often quite vascular, and we have been led to believe that biopsy may cause severe bleeding. Perhaps Dr. Ochsner's experience should be reassuring in this regard.

Dr. John L. Ochsner (New Orleans): In regard to the bronchoplastic procedures, I think we would do more, but the majority of the pneumectomies were performed in the early part of the series. There appears to be a trend in technics; all of the bronchoplastic procedures were performed in the past 4 years.

In regard to biopsies, I think we have a misconception—reading about bronchial adenomas. It is always suggested in the literature that if one biopsies a bronchial adenoma the patient is going to bleed to death. However, if you really review the literature, I think there is only one patient who actually died from a biopsy. With most of these patients the bleeding will cease with time.