

Left upper lobectomy

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ABSTRACT

This is a 32-year-old woman with a left peripheral lung lesion about 3 cm in diameter found by physical examination. Lung cancer of the left upper lobe is suspected in preoperative diagnosis.

KEY WORDS

Video-assisted thoracoscopic surgery (VATS); left upper lobectomy; lung cancer

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Video description

Video-assisted thoracoscopic surgery (VATS) left upper lobectomy (Video 1) was performed. Three ports were created at 3th (3 cm), 7th (1.2 cm) and 9th (2.5 m) intercostal spaces, with the observation port in the 7th intercostal space. The left upper lobe vein was first treated, followed by the left upper lobe bronchus. After partial separation of the fissure, the branches of the upper lobe pulmonary artery were divided by ligation and transection or with a stapler. After removal of the fissure, the left upper lobe was resected, and stations 5, 6, 7 and 10 lymph nodes and intrapulmonary nodes were dissected. Postoperative pathological exam suggested adenocarcinoma, without evidence of lymph node metastasis in any station.

The surgical approach provided a clear field of operation with less bleeding and definite structural exposure, which was convenient for handling the vessels and bronchial lymph nodes. However, there could be a risk of undesired injury to the trunk of the left pulmonary artery when removing the upper lobe bronchus.



Video 1. Left upper lobectomy.

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