

# REZULTATET E HERSHME TE VDEKSHMERISE DHE SEMUNDSHMERISE PAS KIRURGJISE SE KANCERIT PULMONAR, PER PERIUDHEN JANAR 2007-DHJETOR 2010 NE SUSM TIRANE DHE SISTEMI I RI I KLASIFIKIMIT TNM

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## Summary

### EARLY MORTALITY AND MAJOR MORBIDITY OUTCOME AFTER LUNG CANCER SURGERY, IN SUSM TIRANA AND NEW TNM SYSTEM, FROM JANUARY 2007-DECEMBER 2010

**Objective:** This study was undertaken to assess mortality, complications and major morbidity during the first 30 days after lung cancer surgery and to estimate the significance of presurgical risk factors.

**Methods:** The study was based on all patients referred for surgery for primary lung cancer from January 2007 to December 2010. There were in total 288 patients who underwent lung resection for bronchogenic carcinoma. There were 210 males and 78 females included with a mean age of 60.5 years. Thirty five (12.2%) patients underwent a pneumonectomy, 170 (59%) a lobectomy, 43 (14.9%) a bilobectomy, 28 (9.7%) a segmental resection and 12 (4.2%) an explorative thoracotomy. Postoperative events studied were divided into major and minor complications or death during the first 30 days after surgery. The significance of risk factors for an adverse outcome (defined as death or major complication in the first 30 days postoperatively) was assessed by uni- and multivariate logistic regression analyses.

**Results:** During the study period an increasing number of women and of patients older than 70 years underwent surgery. The 30 day mortality rate was 3.2% (9 patients), 0.6% after single lobectomy and 2.7% after pneumonectomy. Major complications occurred in 14 patients (4.1%). Twenty-eight patients (9.7%) had an adverse outcome during the first 30 days. Male gender, smoker, FEV1 70% of expected value, squamous cell carcinoma and pneumonectomy were risk factors predicting adverse outcome in the univariate model. Pneumonectomy and FEV1 70%, were the only independently significant factors for adverse outcome. Only pneumonectomy was independently associated with an increased risk for early death.

**Conclusion:** Our results show low mortality and morbidity after lung cancer surgery. However, patients with reduced lung capacity and those undergoing pneumonectomy should be treated with great care, as they run a considerable risk of major complications or death during the first 30 days postoperatively. Older age 70 years does not appear to be a contraindication to lung cancer surgery, but patients in this group should undergo careful preoperative evaluation.

**Key Words:** Lung cancer • Postoperative complications • Pulmonary resections • Operative mortality • FEV1%

Kanceri pulmonar është forma më e zakonshme e kancerit në të gjithë botën, dhe shkaku më i shpeshtë i vdekjeve nga kanceri në Europën perëndimore. Rezekcioni kirurgjikal radikal me ose pa neoadjuvant terapi, mbetet ende forma më adekuate trajtuese. Pamvarësisht nga modelet e ndryshme shtese, mbijetesa është ende e varfër. Në vendet e europiane propocioni i pacientëve me diagnozë kancer pulmonar

të cilët i nënshtrohen interventit kirurgjikal për këtë sëmundje varion nga 10%-20%. Avancimet në kujdesin preoperator dhe postoperatorë kanë çuar në uljen e komplikacioneve dhe përqindjes së vdekshmërisë së hereshme post operatorë gjatë dy dekadave të fundit. Por që kur kemi rritje të propocionit të pacientëve me moshë të madhe mbi 70 vjeç, kryesisht gjatë periudhës së studimit kemi rritje