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Tracheal compression: a late complication of plombage

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DESCRIPTION

Plombage, or extrapulmonary thoracoplasty, is the use of exogenous material to treat localised lung pathology. It was initially described by Tuffier as early as 1891. It was introduced in Britain in the late 1940s when the epidemic spread of tuberculosis combined with a lack of antituberculous drugs led to a vogue for surgical procedures to treat pulmonary tuberculosis before the advent of antituberculous drugs.¹

A 77-year-old woman presented in April 2010 in acute respiratory distress (figure 1). She developed type II respiratory failure and rapidly deteriorated. In view of her impending respiratory arrest, she was intubated and taken to the intensive care unit where she was ventilated. She made an excellent recovery and was extubated 1 day later. A CT chest was performed, which showed significant extrinsic tracheal compression by the bilateral plombes (figure 2).

She was transferred to the care of the thoracic surgeons who performed rigid bronchoscopy, which confirmed significant tracheal compression of greater than 70% occlusion. A tracheal stent was placed with good clinical and bronchoscopic results.

She re-presented in extremis in September 2010 and again underwent rigid bronchoscopy. A second tracheal stent was placed with success. Unfortunately, she passed away later that year from an unrelated illness.

Figure 1 Admission chest radiograph showing bilateral apical plombes.

Figure 2 Chest CT demonstrating significant airway obstruction by bilateral plombes.

Learning points

- ▶ Plombage is a historical surgical technique which is not commonly seen today.
- ▶ Early complications were related to both the plombage material and the surgery itself. These include infection, foreign body rejection, extrusion or migration of the plombe and fistulation into other viscera.²
- ▶ Previously, argument was made for routine removal of plombes due to their early complication rate, but there are patients who have not undergone removal and are therefore at risk of late complications such as in this case.

Competing interests None.

Patient consent Obtained.

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