Prosthetic Reconstruction of the Resected Diaphragm

The Way To Go

To the Editor:

We read with much interest the article by Menezes and colleagues in CHEST (May 2000), regarding the functional outcome of primary as opposed to prosthetic (polytetrafluoroethylene) reconstruction of the diaphragm. Their conclusion is that, "...at least from a mechanical standpoint..." prosthetic reconstruction is to be preferred to the primary closure of large diaphragmatic defects. In our recent, retrospective, bi-institutional review of 15 patients having undergone resection of the diaphragm involved by primary lung cancer, we have proved that extended resections along with the prosthetic replacement of the resected diaphragm may portend a better long-term prognosis.

We, as thoracic surgeons, have wondered what the functional outcome of a prosthetic reconstruction of the diaphragm could possibly be. Menezes and coworkers should be commended on providing us with the answer. Both under an oncologic and functional point of view, prosthetic (polytetrafluoroethylene) reconstruction of the diaphragm is the method of choice when large diaphragmatic defects need to be repaired.

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REFERENCES

Intrapleural Administration of Diluted Fibrin Glue for Intractable Pneumothorax

To the Editor:

I read with interest the observations (March 2000) of Kinoshita et al, who used intrapleural diluted fibrin glue for intractable pneumothoraces in nonhypercapnic oxygenation failure. Chest 2000; 117:1106–1111

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