

LETTERS TO THE EDITOR

**Lung Volume Reduction Surgery in Patients With Emphysema: the Spanish Experience**

**To the editor:** We wish to express our satisfaction over the recent publication in the official journal of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) of the results presented by a Spanish research group that has been performing lung volume reduction surgery for several years. We have read with great interest the article "Four-Year Results After Lung Volume Reduction Surgery for Emphysema" presented by the group in Valencia.<sup>1</sup> The results reported there are similar to those in our 4 years of experience with 20 surgical patients.

Like the group in Valencia, we have seen a large variation in the improvement of forced expired volume in the first second (FEV<sub>1</sub>) (between 86 y 871 mL) after surgery. This increase was attained after 3 to 6 months in most cases. No presurgical variable predicted the magnitude of the increase. Nevertheless, whereas in the series reported from the Valencia group only 1 patient maintained the improvement in lung function, 9 patients in our series (Figure) had better lung function 2 years after surgery and the improvement in FEV<sub>1</sub> exceeded 200 mL for 3 patients. Four years after surgery, 3 patients had better lung function than before surgery.

Contrary to the experience of our colleagues in Valencia, we observed that learning

appropriate perioperative management of these patients had the effect of reducing early mortality, as shown by the fact that the patients who died immediately after surgery were all in the first period in which we performed the operation.

Although lung function decreases progressively after surgery, our opinion of the technique is more positive than that expressed by the group in Valencia. If the mortality rate of patients undergoing this treatment is lower than 5%, as reported for a series of over 100 cases,<sup>3</sup> then having the same lung function after 2 years, or maintaining the postoperative improvement over that period in a slowly progressive disease, can be considered a clinical benefit and can delay lung transplantation.

We should probably aim more effort toward recognizing the pathophysiological or morphological characteristics that identify patients who will benefit more from lung reduction surgery so that we can select candidates appropriately.

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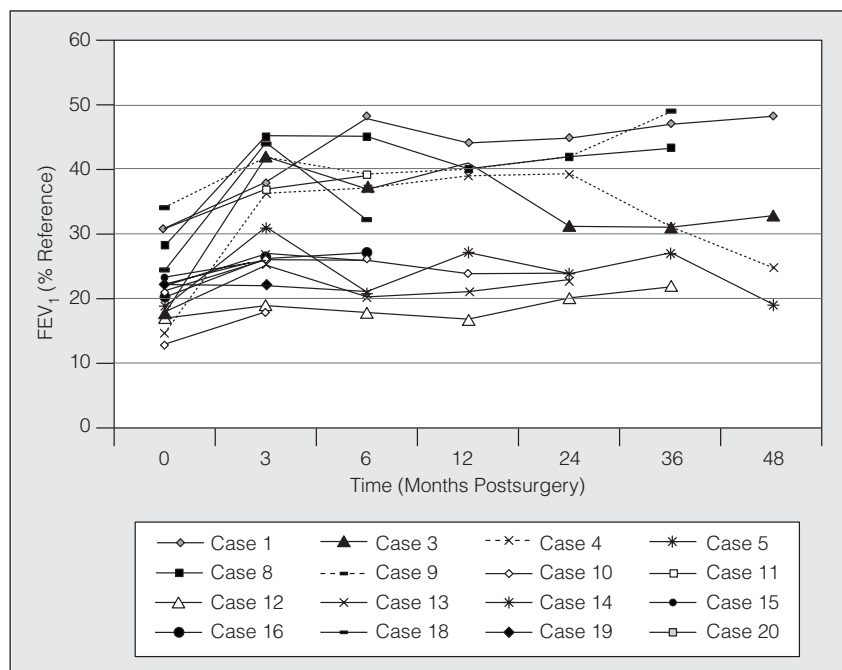


Figure. Changes in forced expired volume in the first second (FEV<sub>1</sub>) after lung volume reduction surgery in 20 patients at Clínica Puerta de Hierro, Madrid, Spain.