



## *World Progress in Surgery*

### **Surgery for Nonmalignant Pulmonary Diseases: Introduction**

Although the advent of effective antibiotics has sharply reduced the number of patients requiring surgery for pulmonary infection, nonmalignant pulmonary diseases continue to present a challenge to thoracic surgeons today. In this symposium, we have gathered experts from five continents to discuss current management of a variety of nonmalignant pulmonary diseases that could be broadly grouped under four categories according to etiology: infectious, congenital, vascular, and degenerative.

Bronchiectasis as a result of infection continues to be a major health problem in developing countries. Ashour et al. from Saudi Arabia discuss the role of ventilation/perfusion scans in selecting patients and planning for surgery. Among helminthic infestations, hydatid disease is still prevalent in the Middle East and the South Pacific. Aarons from Australia gives a somewhat personal account of his experience over the last 30 years with the management of pulmonary hydatid disease. Angelillo-Mackinlay et al. from Argentina write on the surgical treatment of postpneumonic empyema, emphasizing the role of video-assisted thoracoscopic surgery (VATS). Along a similar line, we from Hong Kong give a brief historical perspective of the development of thoracoscopic surgery and its current role in the management of pulmonary tuberculosis.

Moving on to the congenital group, Pick et al. from the United States describe the management of pulmonary arteriovenous fistulas and the evolving role of catheter-based therapy. Evrard et al. from Belgium give a detailed account of their experience with bronchopulmonary malformations. Liu and coworkers from Taiwan and Hong Kong describe their large experience with VATS

management of spontaneous pneumothorax in more than 700 patients over a wide range of age, with the oldest being 102 years.

Hartz from the United States gives a detailed account on the surgical management of chronic thromboembolic pulmonary hypertension. Krucylak et al. describe the current status of thoracoscopic lung volume reduction surgery for patients with severe emphysema. Finally, Meyers and Patterson discuss the current status and future prospects of lung transplantation as the last resort in the treatment of end-stage lung diseases.

The 10 papers in this symposium are authored by experts in their respective fields of interest and represent substantial experience with a variety of diseases from different parts of the world. Some papers document the recent advances made in improving diagnostic accuracy and better selecting patients for treatment, and others demonstrate the current trend toward less invasive therapeutic options. For example, catheter-based treatment is now the first option for some vascular malformations. Similarly, video-assisted thoracoscopic surgery as an alternative approach to conventional thoracotomy for selected patients and pathology is beginning to be widely accepted. We are grateful to all the contributors for their effort and to Dr. Ronald Tompkins for giving us the privilege to serve as guest editors of this stimulating symposium.

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