



## SUCCESSFUL PREGNANCY OUTCOME FOLLOWING PNEUMONECTOMY

**Dr Kumkum Gupta\***

Assistant Professor, Department of Obstetrics and Gynecology, Government Medical College, Kota, Rajasthan. \*Corresponding Author

**Dr Anjali Jaswat**

Junior Resident, Department of Obstetrics and Gynecology, Government Medical College, Kota, Rajasthan.

**Dr Bharti Saxena**

Senior Professor, Department of Obstetrics and Gynecology, Government Medical College, Kota, Rajasthan.

**ABSTRACT** **Introduction:** Relatively few pneumonectomies have been performed in women of child bearing age so pregnancy following pneumonectomy is rare.

**Case presentation:** A 26 year old primigravida came with pregnancy of 1 month 20 days. she has history of ATT twice, then pneumonectomy for recurrent hemoptysis due to fungoma. On examination she was apparently healthy her pulmonary function test were reasonably good. she was followed with regular clinical examination and pulmonary function test. Intrapartum period was uneventful. she was delivered by LSCS due to non progress of labour.

**Conclusion:** once a women has undergone unilateral pneumonectomy for benign disease has reached the stage of apparent cure. pregnancy have no deleterious effect provided her respiratory capacity is reasonably good.

**KEYWORDS :** pneumonectomy, pregnancy, pulmonary function test, respiratory capacity

### Introduction

Lungs are highly dynamic thoracic structure that are essential for respiration, pH equilibrium, enzyme production, host defences and many other function, so lungs are highly susceptible to wide variety of pathological condition, both malignant and benign that may require pneumonectomy.

Benign lesions that may require pneumonectomy are chronic lung disease, fungal infections, tuberculosis, congenital lung diseases and traumatic lung injuries.

Sometimes pneumonectomy may be required as part of treatment of Pulmonary tuberculosis and some of them have subsequently returned to a life of reasonable activity when it is done on women in child bearing period of life, sooner or later we would be asked to advise for or against pregnancy, and, if advising in favour of it, to care for the patient during and after pregnancy.

It is well known from past experience that a women with extensive bilateral tuberculosis and little respiratory reserve can deliver normally a healthy baby. it would seem, then, on theoretical grounds, that absence of one lung should be no bar to pregnancy and normal delivery

Relatively few pneumonectomies have been performed in women of child bearing age. Majority of such operative procedures being carried out for pulmonary cancer, which occurs most often in men >40. Pregnancy after pneumonectomy is rare, so we are reporting a case of patient who delivered full term infant after such operation.

### Case report

A 26 year old primigravida came with pregnancy of 1 month 20 days in opd. She had history of taking antitubercular drugs twice, two year apart. There was history of haemoptysis both the time. after 2 year she again develop haemoptysis on and off she was evaluated her sputum for AFB and bronchoalveolar lavage for AFB was negative. In CEFT few cavitary lesion in medial segment of right medial lobe S/O? kochs with associated fungal ball. she was given antifungal drugs but she still persisted haemoptysis, so rt pneumonectomy was decided and done. her postop period was uneventful. Then she conceived after one year of pneumonectomy.

On examination she was apparently healthy. her pulmonary function test were reasonably good. she was followed with regular clinical examination and pulmonary function test. Intrapartum period was uneventful. and she delivered by LSCS at term due to PROM with anhydramnios. proper vital monitoring done during postpartum period. and discharged in satisfactory condition.

### Conclusion:

Once a women has undergone unilateral pneumonectomy for benign disease has reached the stage of apparent cure, pregnancy have no deleterious effect provided her respiratory capacity is reasonably good. respiratory capacity is the most important single factor in assessing the postpneumonectomy women fitness to have children. this is best judged clinically by questioning the patient about her daily routine and ability to tasks such as ordinary housewife does. Radiological evidences may be deceptive, as impairment of function is not necessary evidence in Xray plate.

Physiological changes which occurred incident to pregnancy like increased oxygen demand, increased blood volume and increased work load on heart were adequately handled by cardiovascular and respiratory system despite reduction in size of pulmonary capillary bed and loss of lung parenchyma

Follow up of patient so far has given no indication that responsibility of looking after a family is dangerous for her future health but consultation between obstetrician and physician is of greatest importance as each has so much to contribute to patient welfare.

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