

DOI: 10.5152/TurkThoracJ.2019.215

**[Abstract:0120] OP-078 [Accepted: Oral Presentation] [Thoracic Surgery]**

## Surgical Treatment and Outcome of Pulmonary Hamartoma: A Retrospective Study of 10-Year Experience

Hıdır Esme<sup>1</sup>, Ferdane Melike Duran<sup>1</sup>, Yaşar Ünlü<sup>2</sup><sup>1</sup>Department of Thoracic Surgery, Health Sciences University Konya Training and Research Hospital, Konya, Turkey<sup>2</sup>Department of Pathology, Health Sciences University Konya Training and Research Hospital, Konya, Turkey

**Objectives:** The present retrospective study was designed to review the clinicopathological features and outcome of surgical treatment of pulmonary hamartoma who underwent surgical operation between January 2008 and January 2018.

**Methods:** The information about the age and gender of patients, symptoms, history of tobacco consumption, the presence of malignancies, radiological and imaging findings, calcification in the hamartoma, location and size of the lesions, findings of preoperative diagnostic investigations, operative procedures, operative time, tube drainage duration, surgical complication, hospital stay after tumor resection, duration of follow-up and outcome were recorded.

**Results:** 15 (69.2%) patients were male and the sex ratio (male/female) was 1.66. The mean age was 57 years (range: 24-74 years). With respect to smoking, 18 patients (75%) were smokers (mean 20.5 pack-years), and 6 (25%) had never smoked. Five patients (20.8%) had malignancies, which occurred previously in two patients, and concomitantly in three patients. Malignancies originated from the lung in three patients. The most common manifestation of chest roentgenogram was an irregular high-density margin with small lobulations located peripherally. Calcification formation was found in 9 cases (37.5%), only 3 of them (12.5%) were the typical popcorn calcification, and the remaining 6 (24.5%) had patching calcification on chest roentgenogram. The mean tumor diameter was 2.72 cm, ranging between 1.5 cm and 5.4 cm. The edges of the 17 cases were rough and the rest were smooth. Preoperatively, 8 patients were considered hamartoma, 16 patients were considered solitary pulmonary nodules. The diagnosis of pulmonary hamartomas were established via bronchoscopic biopsies in 2 patients, computed tomography-guided transthoracic fine-needle aspiration in 6 patients, and surgical biopsies in 16 patients. The operative duration ranged between 45 and 185 min (mean, 86.25±22 min). Complications occurred in 4 patients (16.6%): pleural effusion in two, and atelectasis and pulmonary infection in one each. The drainage duration ranged between 2 and 7 days (mean, 3.5±1.8 days) and the postoperative hospital duration ranged between 3 and 11 days (mean, 4.7±2.3 days). The mean follow-up was 29.3 months (range: 2-98 months).

**Conclusion:** Enucleation was the main choice in our series. The follow-up for a long period revealed no malignant transformation and recurrence. Due to lack of the malignance after operation in our series we presumed that the enucleation for pulmonary hamartoma was safe enough.

**Keywords:** Hamartoma, treatment, outcome