

Olgularla Abramson Cerrahisi

Dr Esra Yamansavcı Şirzai

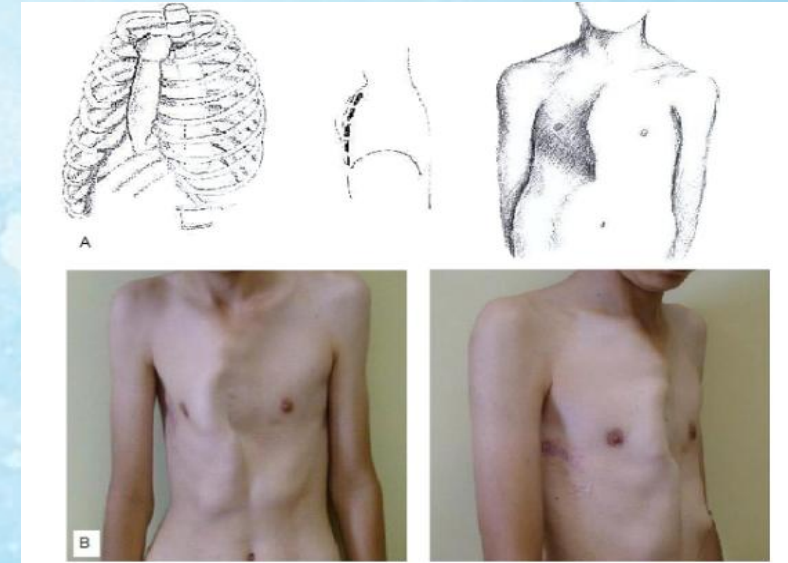
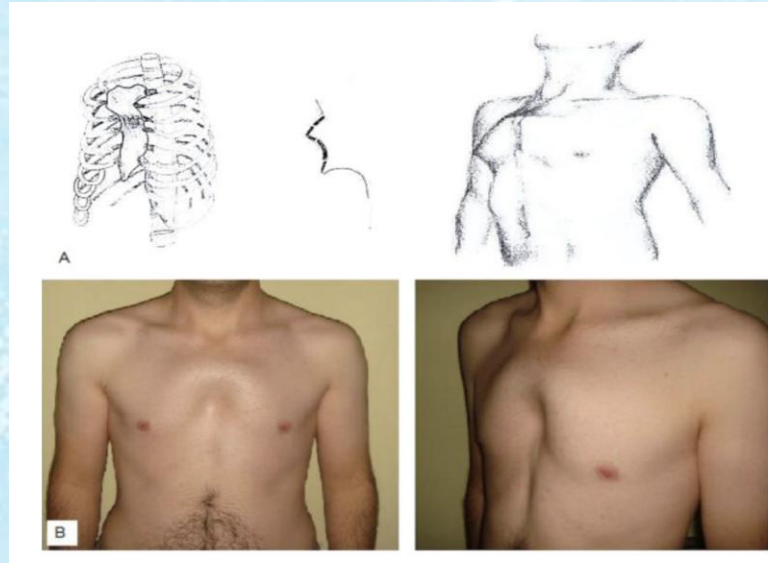
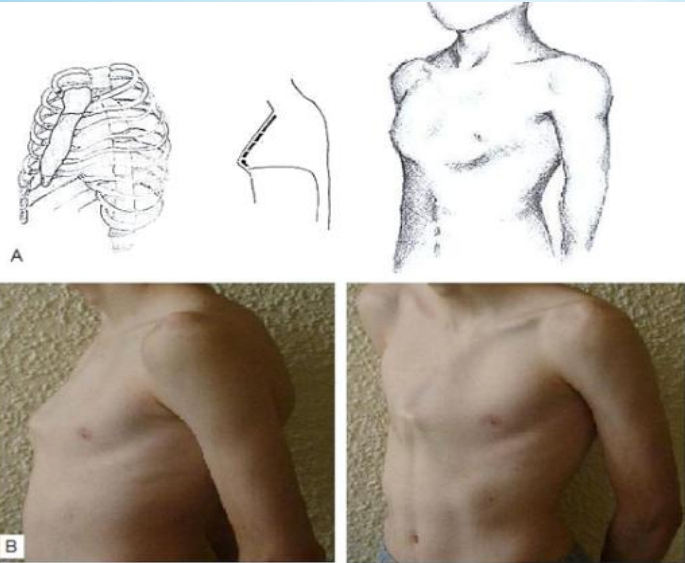
İzmir Dr Suat Seren Göğüs Hastanesi ve Cerrahisi EAH



Chondrogladiolar

Costomanubrial (Pectus arcuatum)

Asymmetrical / lateral pectus carinatum



Minimally Invasive Repair of Pectus Carinatum



Mustafa Yuksel, MD, Tunc Lacin, MD, Nezih Onur Ermerak, MD,
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the sternum by a digital pressure calculator while the patient is leaning against a wall. If the compression force per cm² is less than 10 kg, orthotic bracing is recommended. In our group, 250 of 456 patients underwent compressive orthotic brace treatment. Brace treatment

older age, and smaller first drop in pressure of treatment [25]. If the compression force applied is between 10 and 25 kg, this means that the chest wall is flexible enough to repair it with MIRPC. If the force exceeds 25 kg, this shows that the sternum is too rigid to be compressed and the open surgical technique is performed. Rigidity of the chest wall rather than the age has a greater effect on

Basınç;

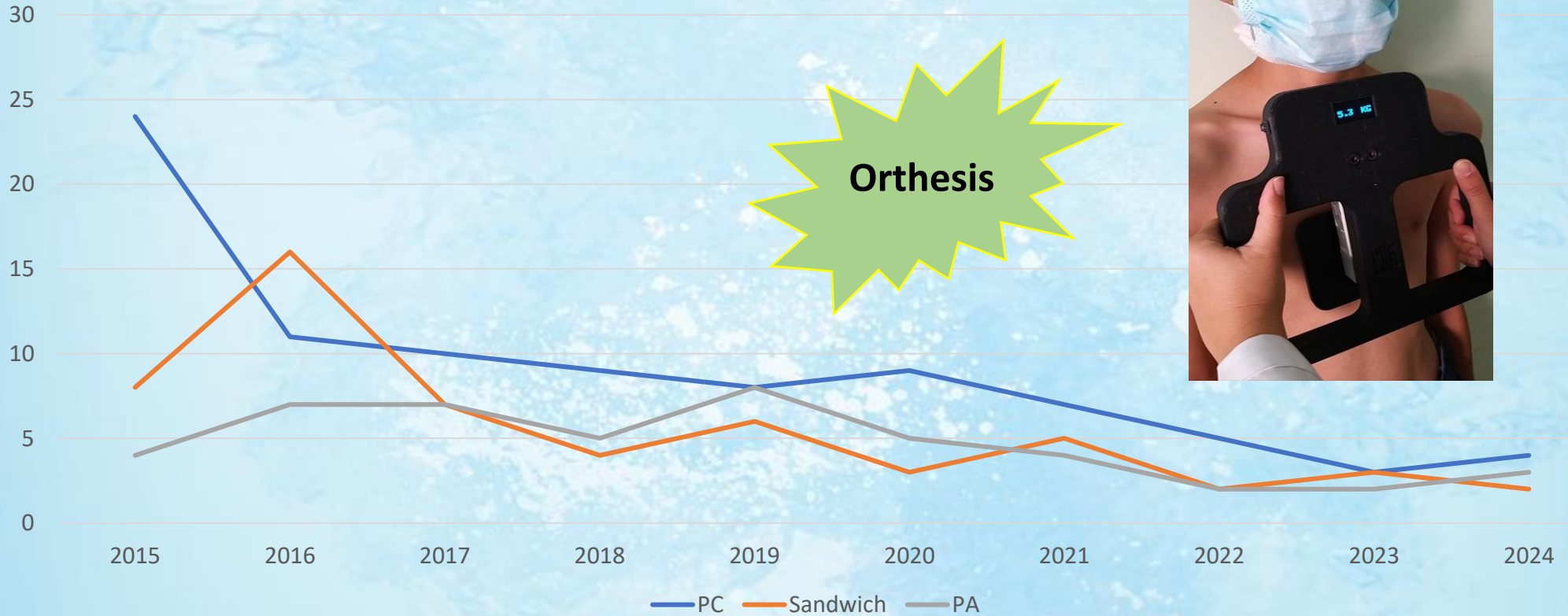
10 kg/cm² ortezi

10-25 kg/cm² MIRPC

(Abramson)

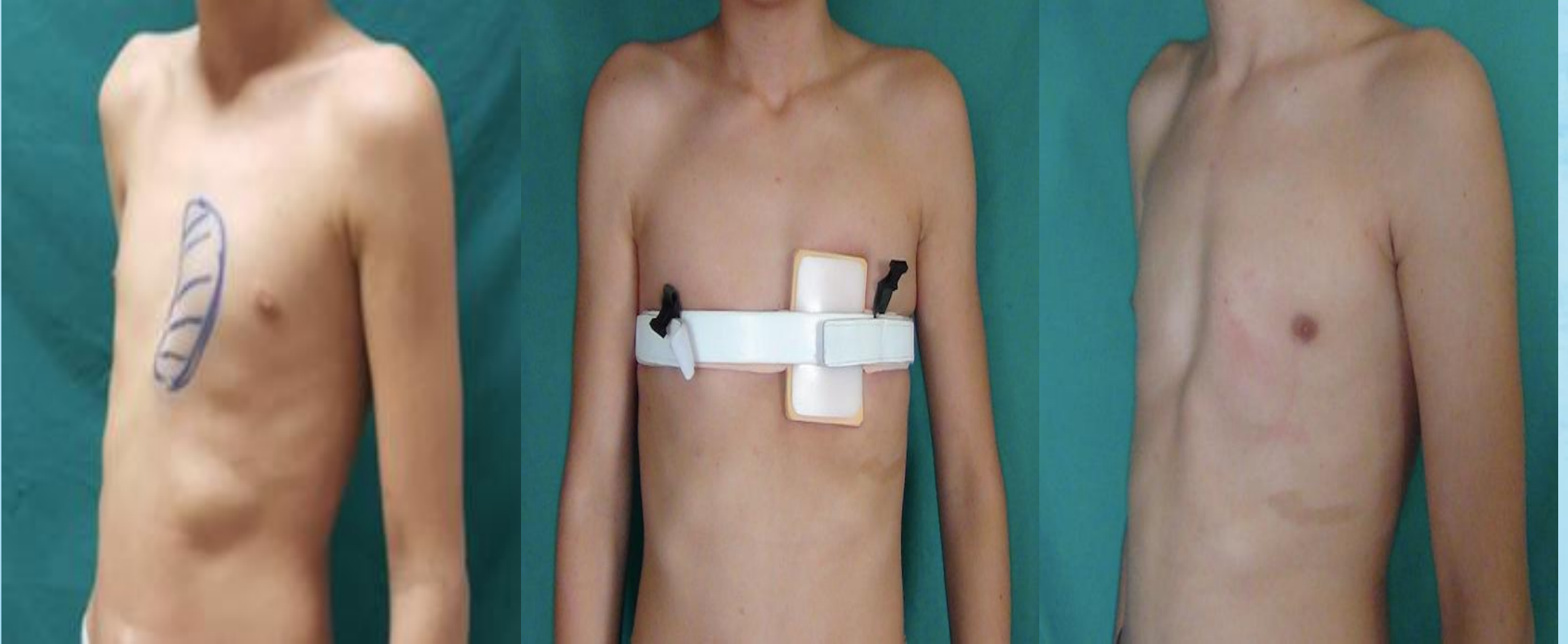
25 kg/cm² üzeri açık cerrahi

(Ann Thorac Surg 2018;105:915-23)
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Orthosis





14 yaş Erkek 4. ay kontrol

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The effect on cardiopulmonary function after thoracoplasty in pectus carinatum: a systematic literature review

Stephan Sigl, Barbara Del Frari*, Carina Harasser, Anton H. Schwabegger

Department of Plastic, Reconstructive and Aesthetic Surgery, Medical University Innsbruck, Innsbruck, Austria

As highlighted in this review, further investigation with higher level evidence and methodological rigour is necessary to determine any beneficial or adverse effect of surgical treatment of PC on cardiopulmonary function.

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Review Article

Minimally invasive repair of pectus carinatum by the Abramson method: A systematic review

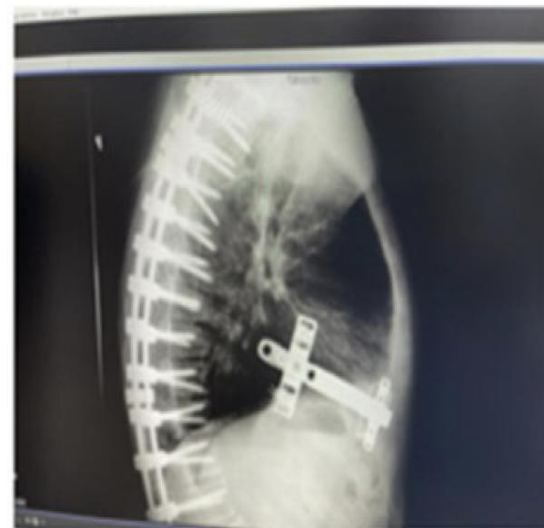
Tessa C.M. Geraedts^a, Jean H.T. Daemen^{a,b}, Yvonne L.J. Vissers^a, Karel W.E. Hulsewé^a, Hans G.L. Van Veer^{c,d}, Horacio Abramson^e, Erik R. de Loos^{a,*}

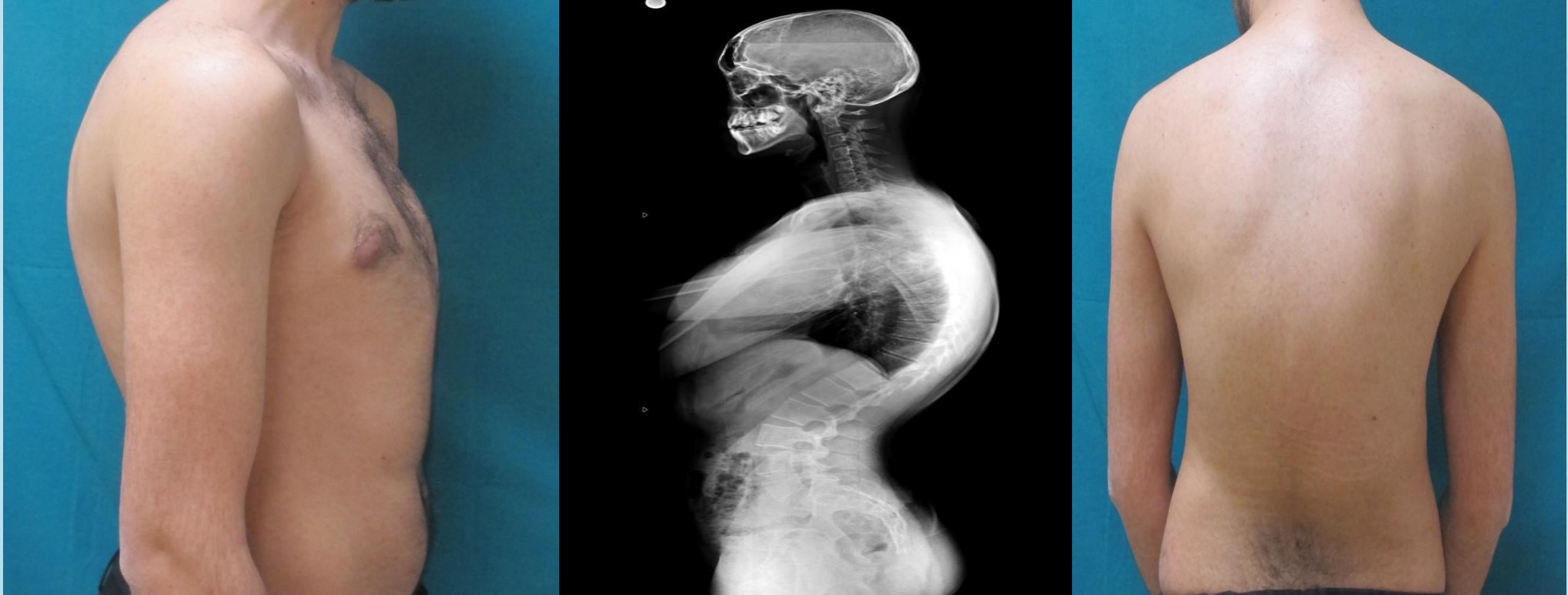
Outcome measures after implant removal.

Author	Number of participants (n)	Bar removal, n (%)	Esthetic results after bar removal (n,%)	Planned time to bar removal, months	Reason for early bar removal (n,%)	Recurrence after bar removal, n (%)
Katrancıoglu et al.	32	15 (46.9)	Excellent (8, 53.3), good (3, 20.0), fair (2, 13.3), poor (2, 13.3)	36	Skin erosion (2, 13.3); overcorrection (1, 6.7)	No recurrence
Yuksel et al.	172	130 (75.6)	Unsatisfactory results (8, 6.2).	At least 24 (removal can be postponed to 36 - 48 months in >18 years old)	Overcorrection (10, 7.7), nickel allergy (2, 1.5)	5 (3.8%)
Özkaya et al.	101	44 (43.6)	Satisfied (43, 97.7), unsatisfied (1, 2.3)	At least 24 (<18 years old); at least 36 (>18 years old)	Skin perforation (2, 4.5)	NR
Suh et al.	16	11 (68.7)	NR	24	Wound infection (1, 9.1)	NR
Schaarschmidt et al.	35	3 (8.6)	NR	24 (a bit longer in older or redo patients)	NR	No recurrence
Abramson et al.	40	20 (50)	Excellent (10, 25), good (4, 10), fair (4, 10) poor (2, 5)	At least 12 (or after growth completion)	Persistent pain (1, 5.0); skin adherence (1, 5.0)	No recurrence

Combined surgical correction of pectus carinatum and juvenile kyphosis

Bashaer Iwaiwi^a, Bisanne Hamdi Shagqura^b, A



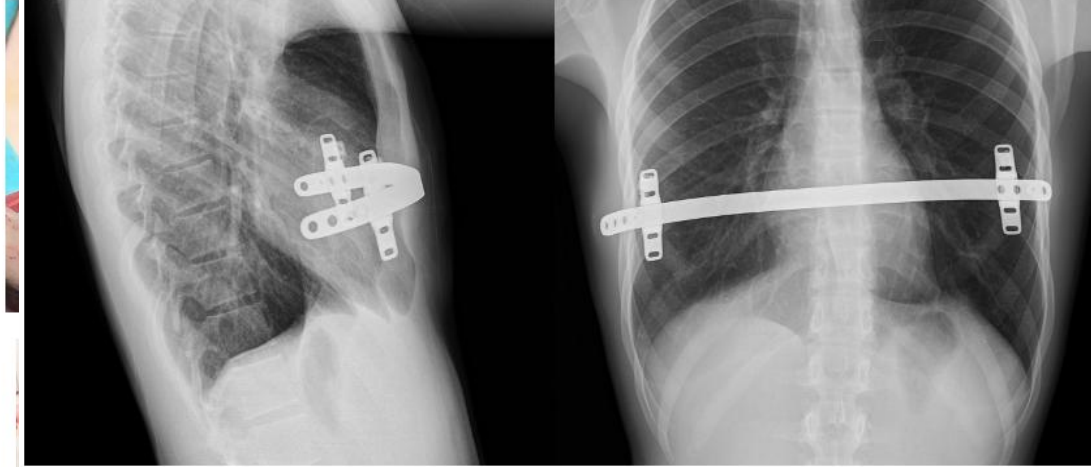


Pektus Karinatumda; %47,8 hastada artmış torakal kifoz,
Kompansastris; lomber lordoz, lordoz kaybı

2016-2024 arası 59 hasta Abramson + Modifiye Abramson

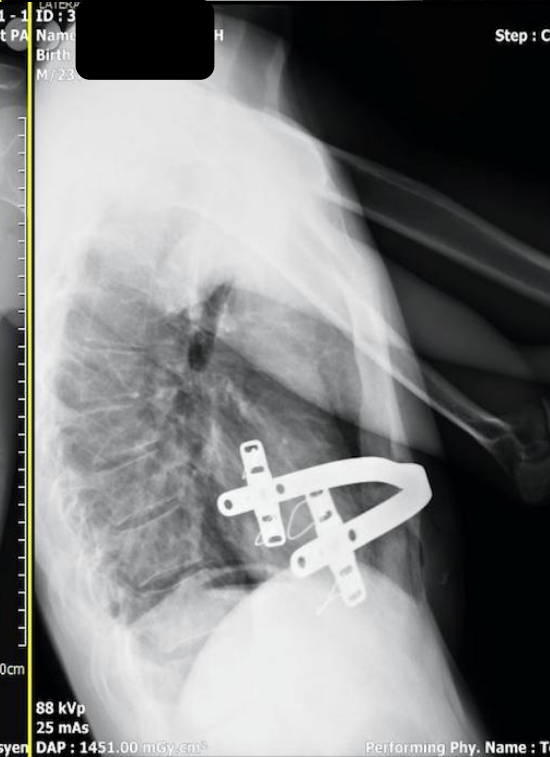
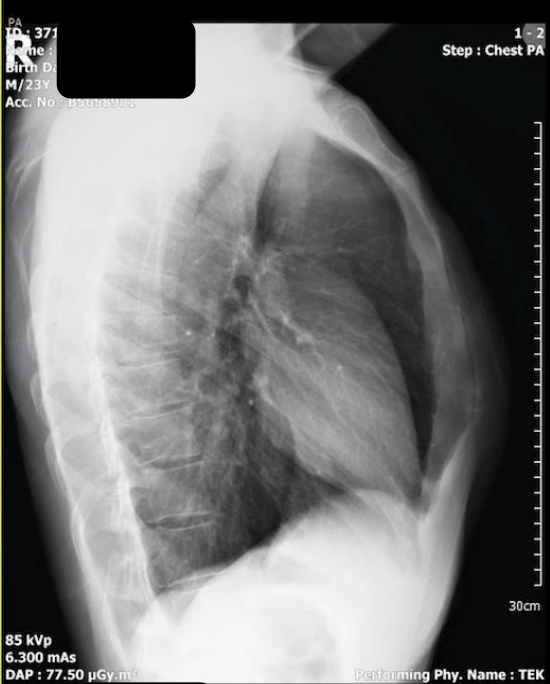
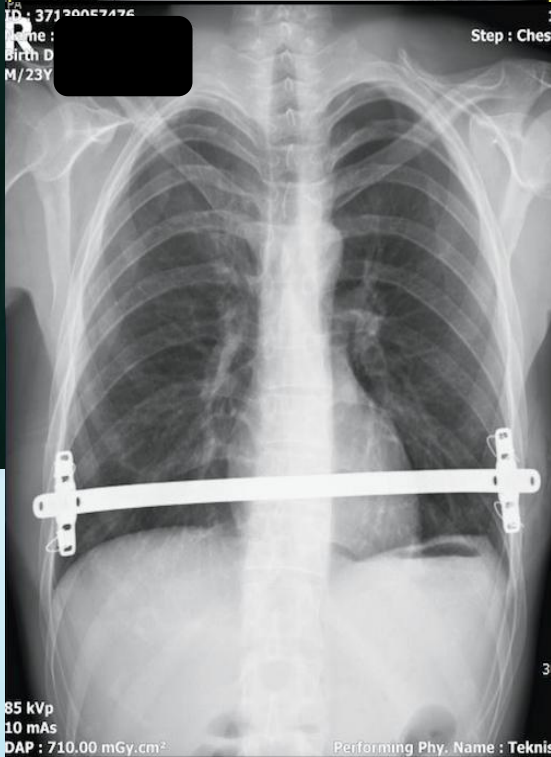
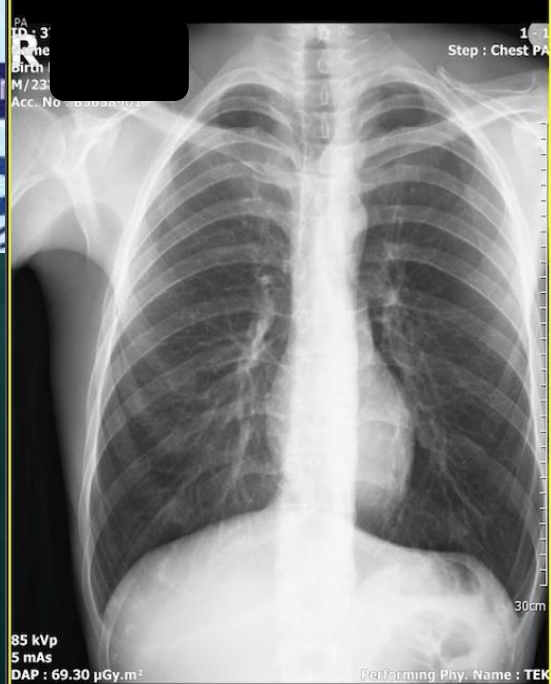
- Yaş ortalaması 18,2
- E/K = 55/4
- Operasyon süresi Ort. 84 dk
- Hospitalizasyon Ort. 5,1 gün
- Mortalite yok
- 2 hasta ağrı sebebiyle erken bar çek
- 5 hastada enfeksiyon 1'i erken barçek
- 1 hastada over correction – revizyon
- Ortalama 22,8 ay sonra bar çek
- Barçek operasyon süresi Ort. 67 dk
- Barçek hospitalizasyon Ort. 2,3 gün
- Mortalite yok
- Morbidite var (müdahale gerektirmeyen; 1 kot fraktörü, 3 pnx, 1 tel migrasyonu)





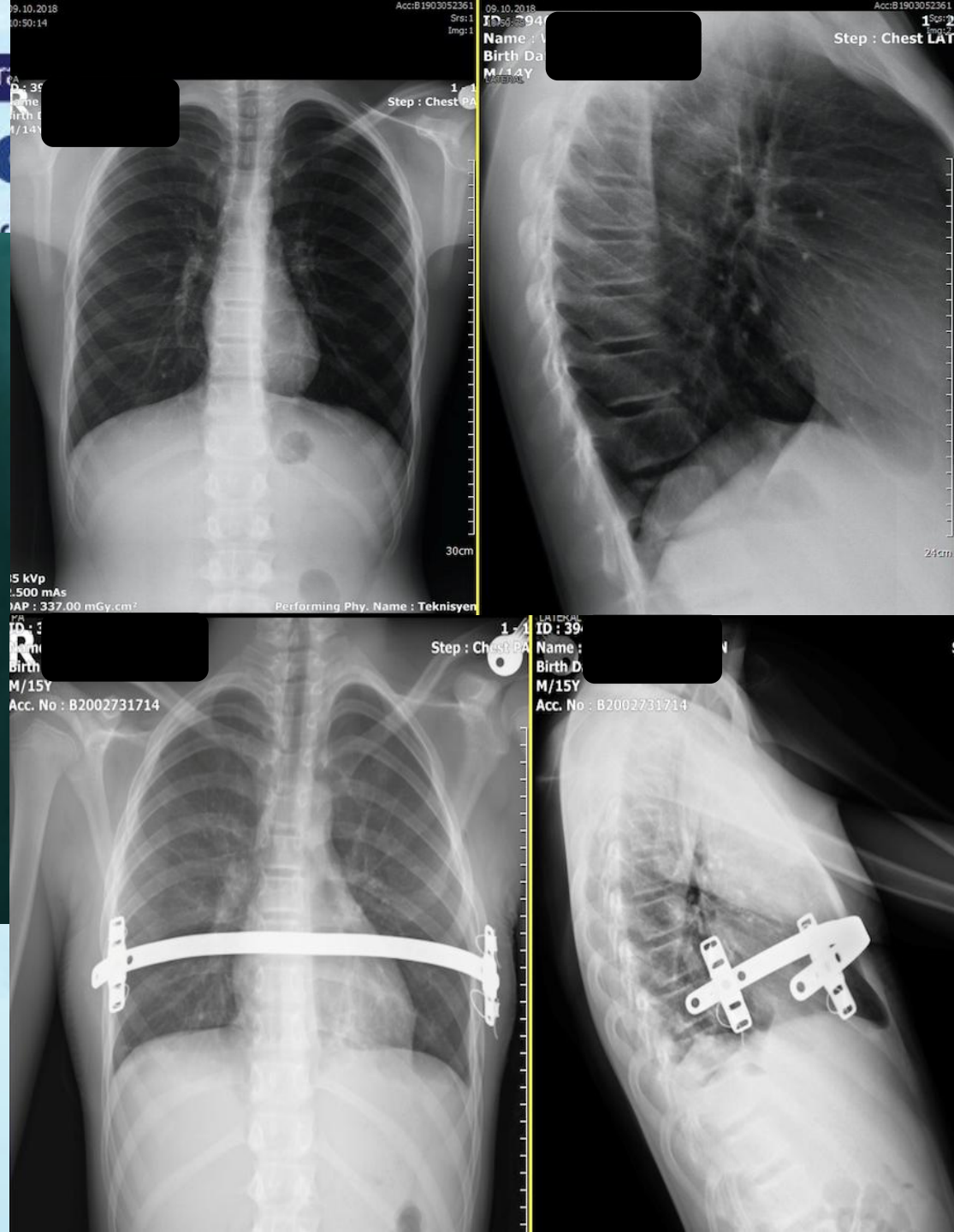


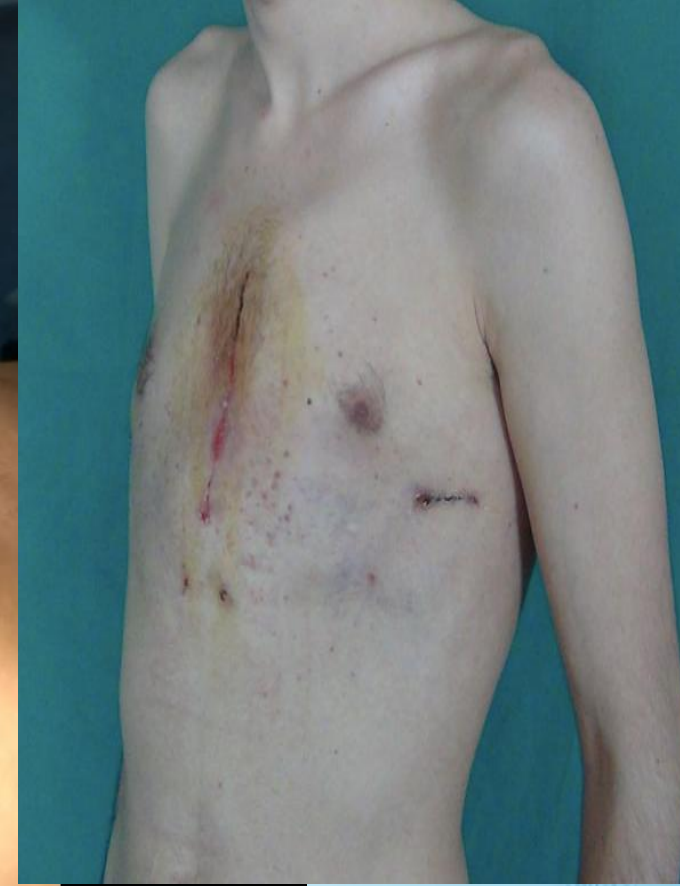
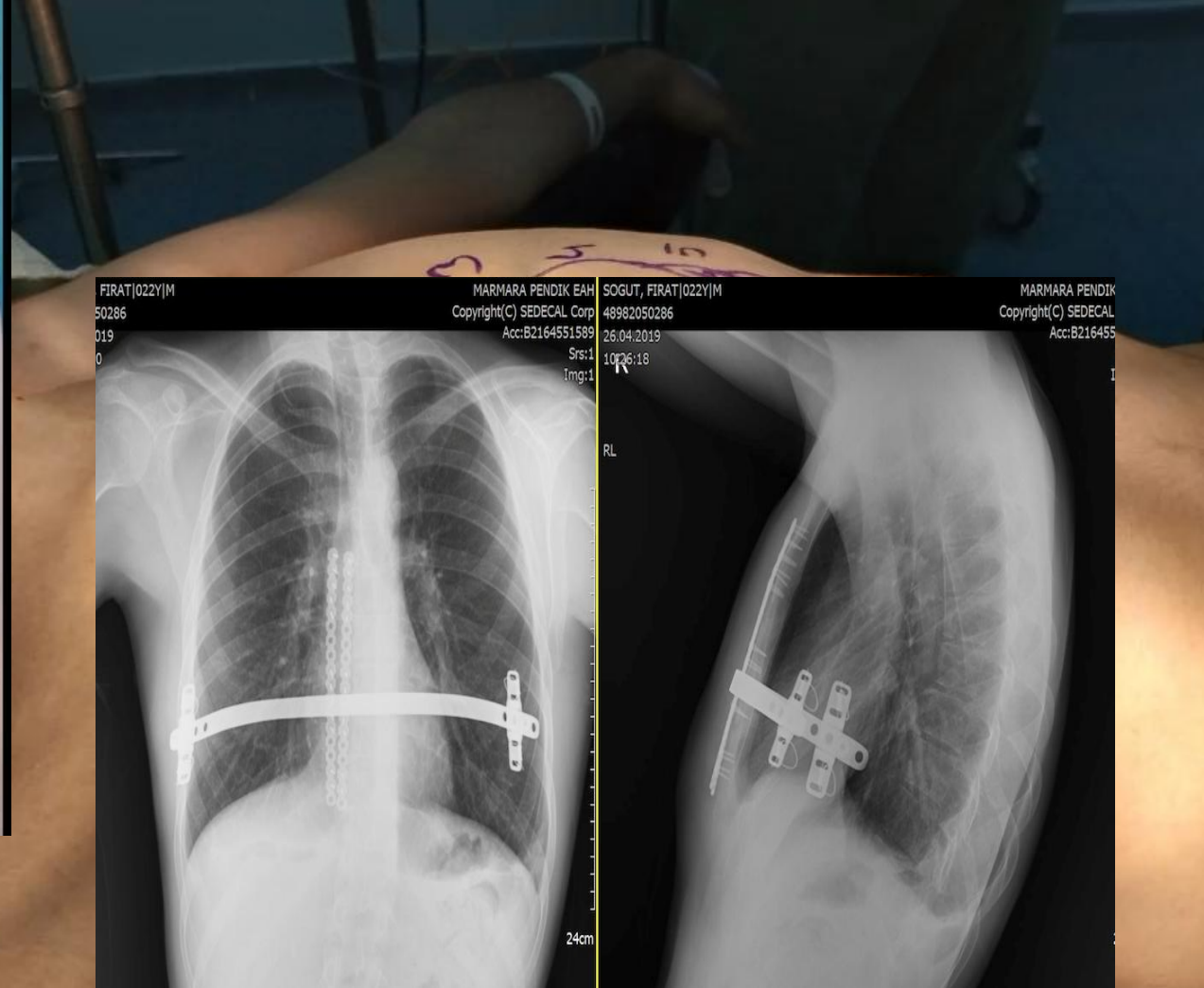
23 yaş Erkek

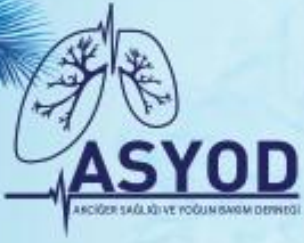




15 yaş Erkek
6 ay düzensiz ortez



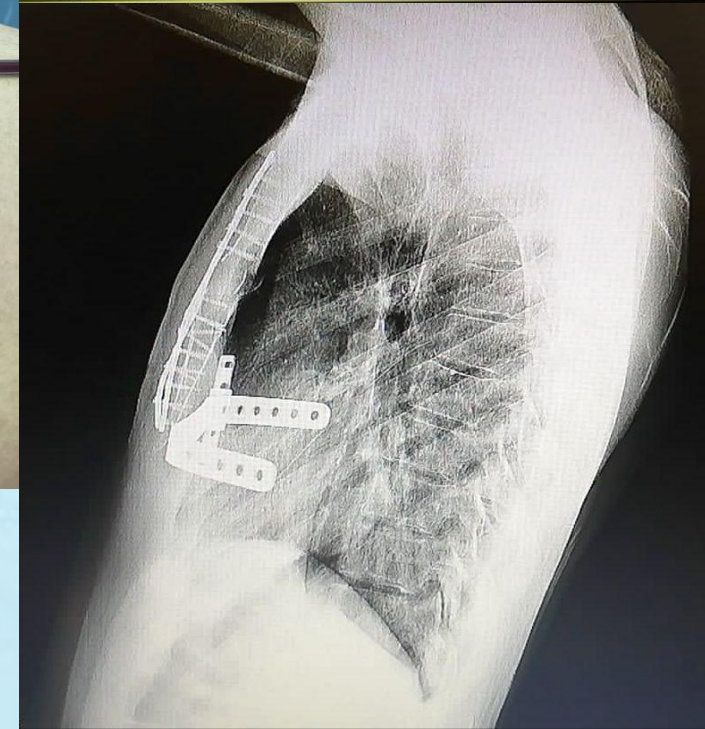




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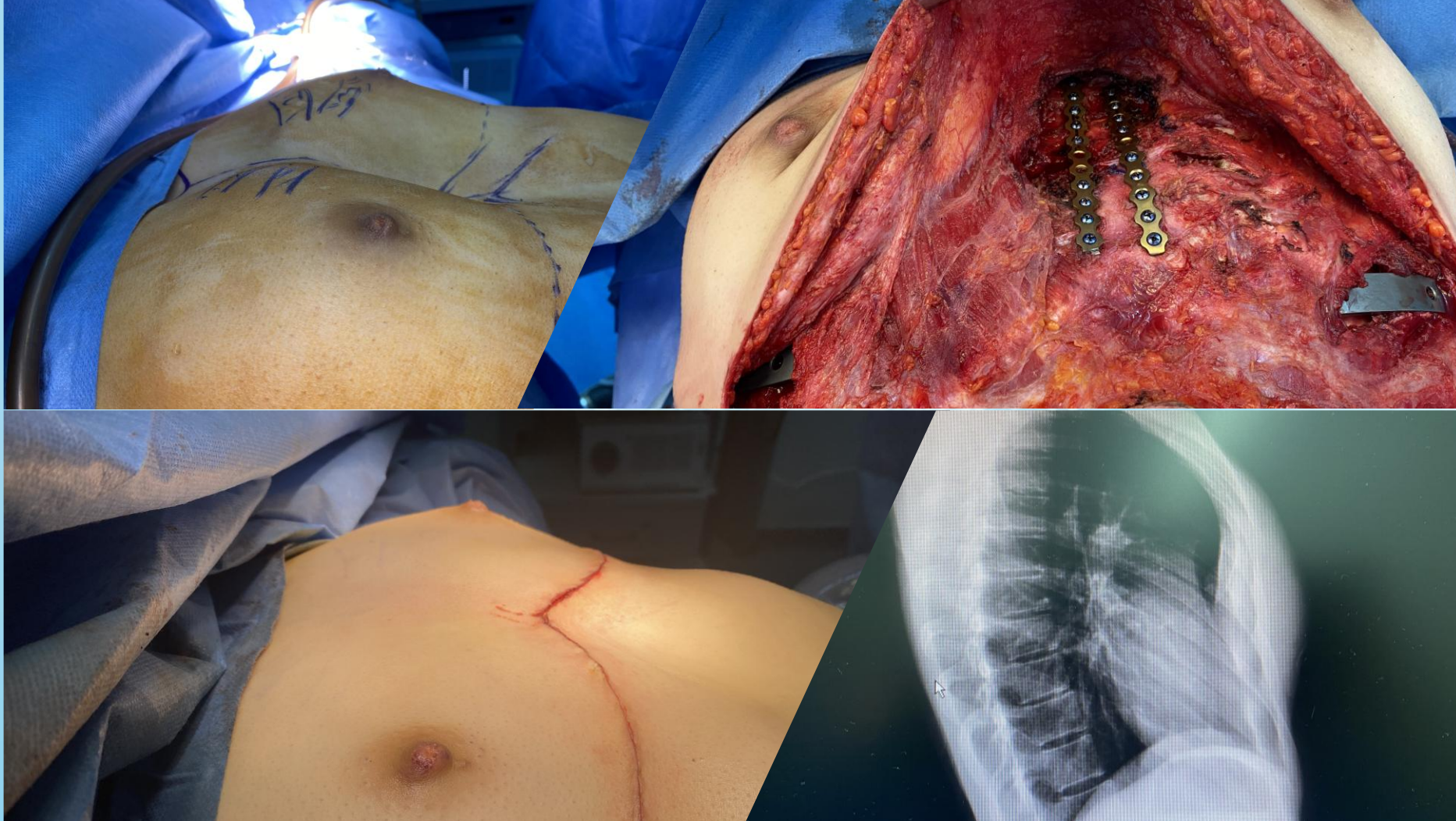
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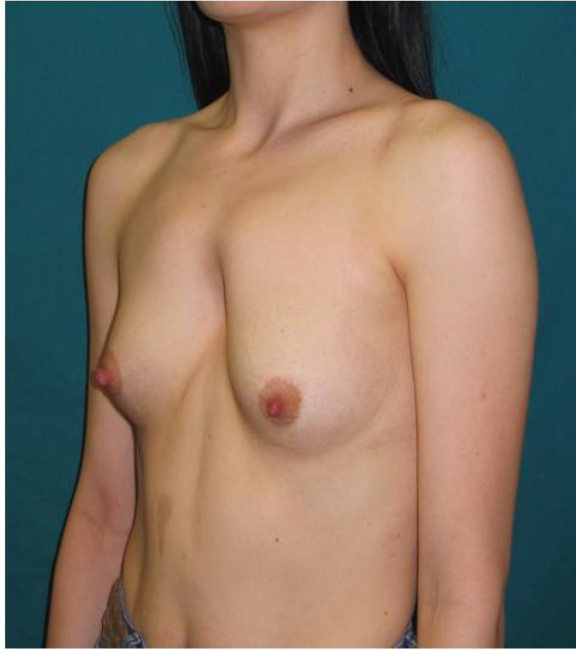


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Z: 11:18:13

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ölgesi: CHEST
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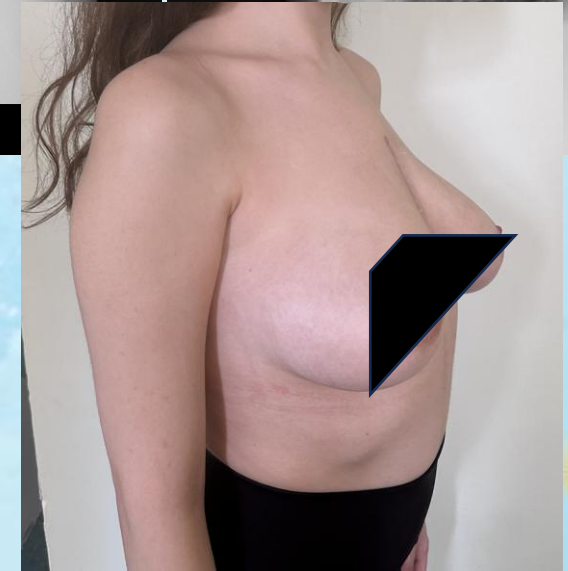
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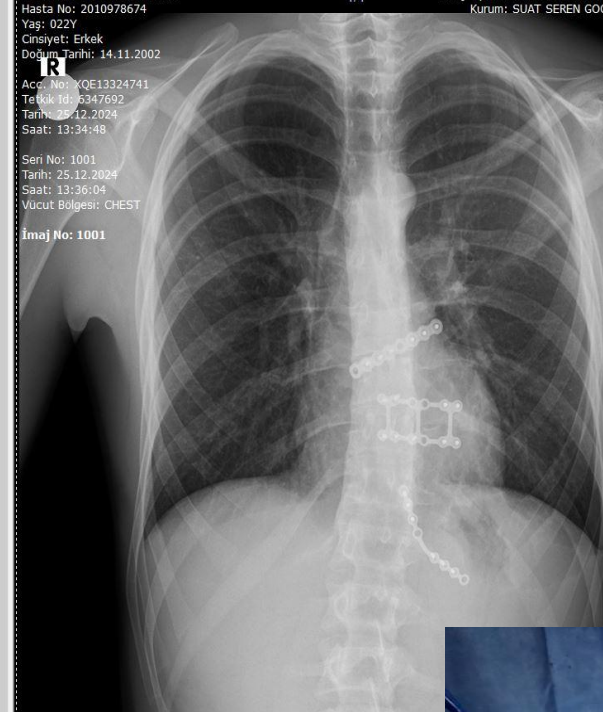
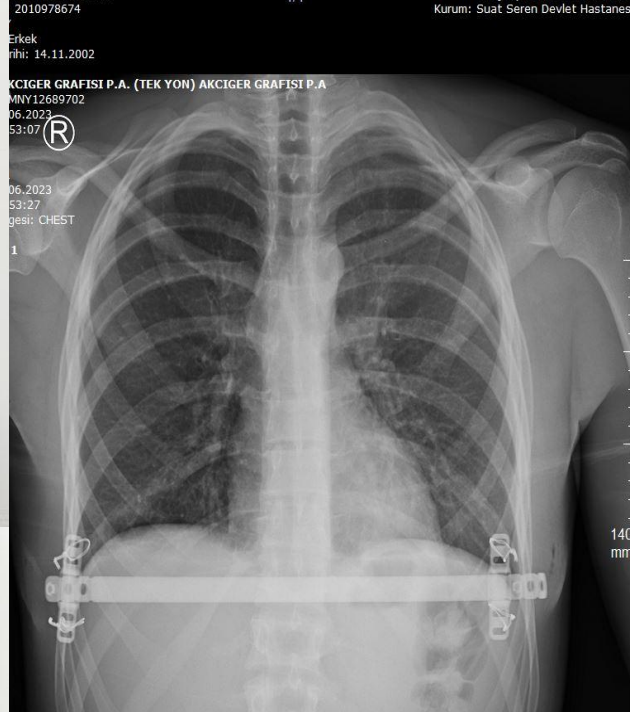
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Results of External Compressive Bracing Application in Pectus Carinatum Patients

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Keywords: Pectus Carinatum - External Compressive Bracing

Introduction

Pectus carinatum (PC) is a chest wall deformity, known as pigeon chest, characterized by varying degrees of anterior protrusion of the sternum and sternocostal cartilages. It is the most common chest wall deformity after pectus excavatum. This study presents the results of patients who underwent external compressive bracing for PC.

Materials and Methods

Between September 2019 and March 2024, external compressive bracing was applied to 328 patients due to PC. The results of 328 pectus carinatum patients were evaluated retrospectively. First week, patients were recommended to start with low compression pressures at least 12 hours per day. At the end of 1 month, the targeted compression level of orthosis adjustment was reached.

