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## CASE REPORT

### Intrathoracic Transposition of a Pedicled Latissimus Dorsi Muscle Flap for Complicated Chronic Empyema Thoracis: A Plea for its Popularity in our Subregion

*Transposition Intrathoracique d'un Lambeau Musculaire Grand Dorsal Pédiculé pour Empyème Thoracique Chronique Complicqué: Plaidoyer pour sa Popularité dans Notre Sous-région*

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#### ABSTRACT

**INTRODUCTION:** Empyema thoracis is a debilitating disease that still constitutes a significant burden among thoracic surgical diseases in our environment. It sometimes occurs secondary to ruptured lung abscess with varying degrees of lung destruction and bronchopleural fistula.

**CASE REPORT:** A 65-year-old woman presented to our unit with a two-month history of cough which subsequently became productive of purulent sputum and posture-dependent, and fever, with progressive dyspnea on exertion. She was subsequently managed for chronic right empyema thoracis secondary to a ruptured lung abscess. We briefly describe the evaluation, indication and technique for intrathoracic transposition of a pedicled latissimus dorsi muscle flap for operative management of this index disease, and the very good medium and long-term outcomes observed for this patient.

**CONCLUSION:** Where indicated and with meticulous pre-operative planning, transposition of a pedicled latissimus dorsi muscle flap for complicated chronic empyema thoracis can prevent a surgical albatross with a reduced hospital stay, cost of treatment and excellent patient satisfaction at the meagre expense of about 30 minutes or less extra intra-operative time.

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**KEYWORDS:** Lung abscess, pedicled latissimus dorsi, empyema thoracis, outcomes.

#### RÉSUMÉ

**INTRODUCTION:** L'empyème thoracique est une maladie invalidante qui constitue toujours un fardeau significatif parmi les maladies chirurgicales thoraciques dans notre environnement. Il survient parfois secondairement à un abcès pulmonaire rompu avec des degrés variables de destruction pulmonaire et de fistule bronchopleurale.

**RAPPORT DE CAS:** Une femme de 65 ans s'est présentée à notre unité avec une toux persistante depuis deux mois, qui est ensuite devenue productive de crachats purulents dépendant de la posture, ainsi que de la fièvre, avec une dyspnée progressive à l'effort. Elle a ensuite été traitée pour un empyème thoracique chronique droit secondaire à un abcès pulmonaire rompu. Nous décrivons brièvement l'évaluation, les indications et la technique de transposition intrathoracique d'un lambeau musculaire grand dorsal pédiculé pour la prise en charge opératoire de cette maladie, ainsi que les très bons résultats à moyen et long terme observés pour cette patiente.

**CONCLUSION:** Lorsque cela est indiqué et avec une planification préopératoire méticuleuse, la transposition d'un lambeau musculaire grand dorsal pédiculé pour un empyème thoracique chronique compliqué peut éviter un fardeau chirurgical avec une réduction du séjour hospitalier, du coût du traitement et une excellente satisfaction du patient, avec un faible coût supplémentaire en temps opératoire de seulement environ 30 minutes ou moins.

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**MOTS-CLÉS:** Abcès pulmonaire, lambeau musculaire grand dorsal pédiculé, empyème thoracique, résultats.

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