IMPROVEMENT IN THE MANAGEMENT OF NONTUBERCULOUS MYCOBACTERIA AFTER LOBAR COLLAPSE THERAPY WITH ENDOBRONCHIAL VALVES (EBV).

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BACKGROUND

In a previous study [Corbetta et al.], the Zephyr® EBV have been using in the successful management of inoperable cases of MDR and XDR-TB with cavities. We describe our first case series of NTM with cavities not responder to therapy or/and relapsed treated with EBV as treatment adjunct to pharmacotherapy in order to accelerate the healing of the patients and increase our experience whilst awaiting the start of a randomized protocol.

AIM

- To ascertain the **extent** and **time to closure** and/or **reduction in cavities** in patients treated through EBV and pharmacotherapy versus those on pharmacotherapy alone in subjects with disease resistant to pharmacotherapy and/or not treatable with standard therapy due to concomitant diseases.
- To observe the **time to attainment of sputum smear and culture negativity**.

METHODS

Patients with **pulmonary tuberculosis and Mycobacteriosis with cavities** deemed unsuitable for surgery will be offered endobronchial valve placement and pharmacotherapy or pharmacotherapy alone.

RESULTS

Patient	Gender	Mycobacteria	Target EBV	Number of EBV valves	Results at CT scan	Complications	Sputum at 3 months
1	Female	M. Xenopi	RUL	3	Loss of volume	No	Negative
2	Female	M. Xenopi	RLL	3	Loss of volume	No	Negative
3	Male	M. Avium	RUL	3	Loss of volume	No	Negative

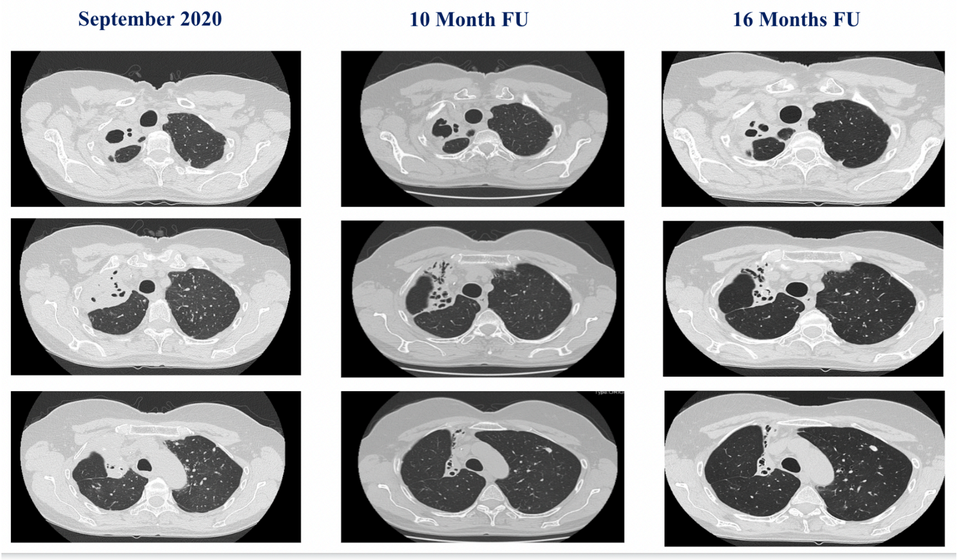

Fig.1 NTM cavities before and after valves placement

CONCLUSIONS

Our early experience showed benefit in terms of conversion of sputum smear and culture to negative and radiological closure or reduction in size of the cavities with no complications. After these further demonstration of efficacy, our group is working on developing a **prospective and randomized study.**