

Foreword

Far from Benign: Thoracic Management of Emphysema



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Consulting Editor

We are excited to bring you this focused issue for the *Thoracic Surgery Clinics* on “Surgical Management of Benign Lung Disease.” As per the Preface title by guest editors Hazelrigg and Crabtree, this is more specifically a treatise on End-Stage Emphysema. The contributing authors focused on interventional approaches to improving the quality of life of patients with emphysema, a costly and deadly disease impacting over 3 million Americans. This emphysema issue is about reduction and not replacement, that refers to lung transplant, which we will read about in next year’s issue to be guest edited by Drs Kukreja and Venado. From maximally invasive lung volume reduction surgery (LVRS) via sternotomy to least-invasive approaches with endobronchial valves, the management continues to evolve. It wasn’t that long ago that many of us cared for the challenging patients with prolonged air leaks after their LVRS surgery. The medical community didn’t necessarily see this, yet they have focused on the dated mortalities of the procedures and subsequently have failed to appreciate the benefits derived from careful selection of patients. As McCarthy and colleagues write: “Recent data demonstrate that LVRS may be performed safely with 6-month mortality as low as 0% to 1.5% and durable functional improvements.” The recurring theme in these submissions is that we could be doing more to help these patients with end-stage lung disease and emphysema. The lack of interventions perhaps may be impacted by the smoking stigma associated with lung cancer.

Advanced emphysematous lung disease is a major public health problem and a burden on our health care system. Take-home messages from this issue include the following: (1) convince the medical community that in the twenty-first century there is a role for interventional therapies for emphysema; and (2) multidisciplinary conferences for end-stage lung disease should be as common as tumor boards. Not all clinicians have the luxury of an institutional lung transplant program, but they all know how to pick up the phone and make a referral.

Thank you to our contributors and to guest editors, Drs Hazelrigg and Crabtree, for providing a thorough compendium of clinically relevant evidence to advance this area of medicine. Please share it with our pulmonary and medical colleagues!

Sincerely,

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