



High-frequency percussive ventilation during surgical bronchial repair in a patient with one lung.

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We report the case of a patient that had undergone a left pneumonectomy during which a double-lumen tube was used and an undetected right bronchial laceration occurred. After diagnosis the patient underwent a second operation to repair the tear. The role of high-frequency percussive ventilation in enabling adequate gas exchange during the bronchial repair is described and discussed.

PMID: 16490764 [PubMed - indexed for MEDLINE]

[Br J Anaesth](#) - 2006 Apr; 96(4):533-6. Epub 2006 Feb 20



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