



THANE · OCTOBER 2022 · PULMONOLOGY UPDATE

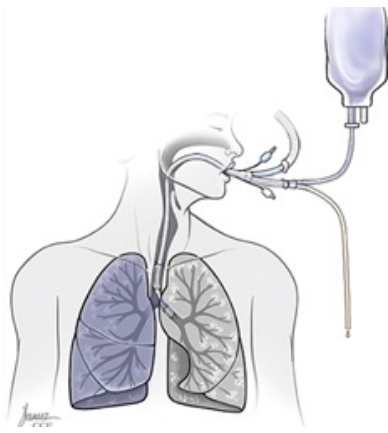


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This is one of the most challenging cases of whole lung lavage due to non-compacted cardiomyopathy with EF of only 25%.

It is among the rarest procedures performed in Mumbai.

With meticulous planning and pre-procedure coordination with multi-disciplinary teams at Jupiter Hospital, the first ever whole lung lavage was conducted successfully.

Anaesthetists: Dr. Sneha Vaswani & Dr. Ajay Yadav

Cardiac team led by Dr. Nitin Burkule

Cardiopulmonary Rehab: Dr. Shrikant Sahu & Dr. Anamika Khopkar

Pulmonary team: Dr. Alpa Dalal, Dr. Manas Mengar, Dr. Tarang Kulkarni

ICU team: Dr. Ravindra Ghawat

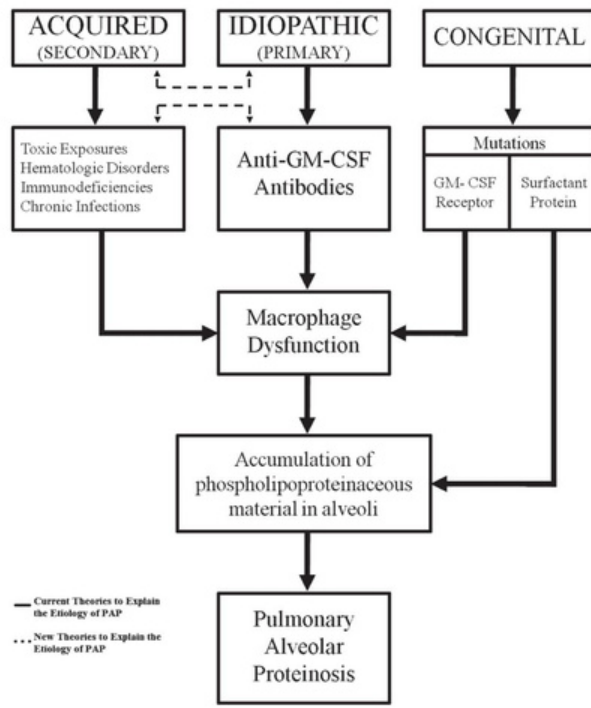
## THE FIRST WHOLE LUNG LAVAGE UNDERTAKEN IN THANE

Department of Pulmonary Medicine at Jupiter Hospital performed Whole Lung Lavage for a patient of Primary Alveolar Proteinosis.

Whole lung lavage (WLL) is a very specific procedure that uses saline (saltwater) solution to “wash out” the lungs. It’s sometimes called lung washing. Whole lung lavage helps people who have pulmonary alveolar proteinosis (PAP). With PAP, deposits of a sand-like material build up in the alveoli (air sacs) of the lungs. PAP deposits can make it hard for people to breathe.

**This is the first time a Whole Lung Lavage was performed in Thane under the leadership of Dr. Manas Mengar, Pulmonologist at Jupiter Hospital. He is one of the few pulmonologists with the qualification of D.M. in Pulmonary and Critical Care in the city of Mumbai and Thane.**

## CAUSES OF PAP

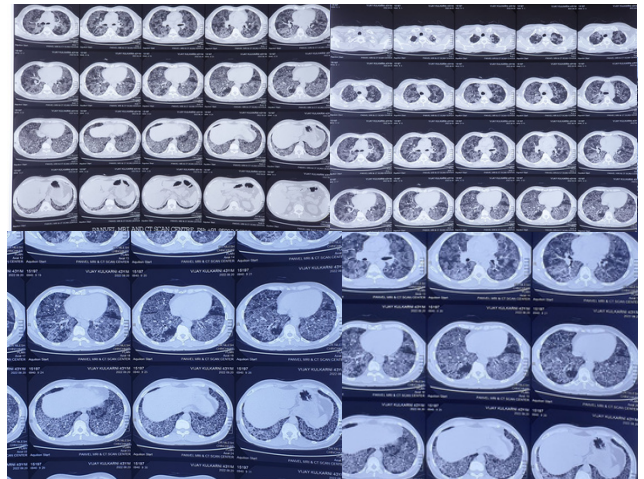


### Secondary Causes:

1.) Disorders of surfactant production or metabolism (congenital PAP)

2.) Disruption of GM-CSF signaling (primary PAP) Autoimmune PAP: Anti-GM-CSF antibodies. Hereditary PAP: Recessive variants of the genes for GM-CSF receptor, alpha and beta subunits (CSF2RA and CSF2RB).

THE INDICATIONS FOR THIS PROCEDURE: WORSENING LUNG FUNCTION, HYPOXIA AND SYMPTOMS OF BREATHLESSNESS.

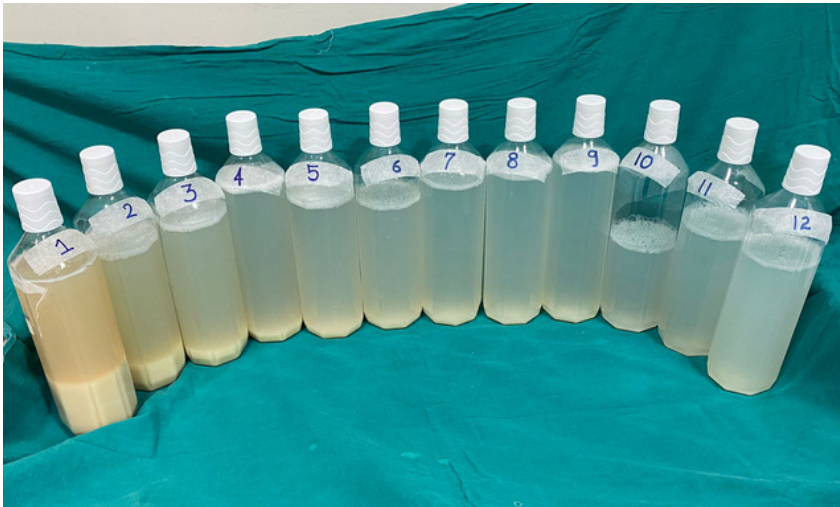


CT SUGGESTIVE OF CRAZY PAVING PATTERN AND DIFFUSE BILATERAL PULMONARY OPACITIES



Bronchoscopic Lavage showed milky white return.

Cytology was suggestive of Extracellular PAS positive material



Total Of 12 litres  
fluid instilled @ 100  
ml/ minute  
and  
10 litres of lavage  
fluid retrieved in 20  
cycles

From 7 litres O<sub>2</sub>  
requirement at  
baseline,  
improved to 92%  
@Room Air.

Changes seen in  
left lung opacities  
post therapeutic  
whole lung lavage

