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Pulmonary Rehabilitation Strategies in a Patient with Foot Drop Case after Lung Transplantation

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End stage lung diseases; decrease in lung function and quality of life leads to permanent damage to lungs with increased risk of early mortality. Therefore, lung transplantation (ACTx) is the last treatment option for end stage lung patients when all possible conservative treatments are ineffective and it has been reported to improve quality of life and survival. Physiotherapist has an important place in the follow-up pre and post-transplant clinical management of the patient in terms of surgical approach and medication in organ transplants. A 59-year-old male patient with bilateral Lung Transplantation; He was referred to the neurology clinic with a complaint of foot drop at the postoperative 3rd week. L3-S1 polyneuropathy with motor fiber was detected in Concentric EMG on right lower extremity. The patient was evaluated with a 6-minute walking test (6 MWT), respiratory muscle strength, and lower and upper extremity muscle strength measurements from a cardiopulmonary point of view who was included in the hospital-based pulmonary rehabilitation (PR) program for at least 8 weeks. 16 sessions of group exercise and right ankle stretching and active-assistive range of motion (ROM) were studied and denervated muscle-dipping mode was performed with batch galvanic-faradic currents. The 6-minute walk test of the patient before the pulmonary rehabilitation was 275 m. After 8 weeks of exercise training, the 6-minute walk test was 408 meters. There was a significant increase in walking speed, walking pattern and muscle strength of the patient. In addition, at the control EMG results, a significant return was achieved at the nerve amplitude rates. In recent years, it is necessary to have an experienced team for the success of lung transplantation which is the last option for people with lung disease. The role of pulmonary rehabilitation in lung transplantation is very important. Although significant improvements in quality of life and physical function have been achieved after transplantation, exercise capacity of patients remains at very low levels for more than 1 year due to complications. The literature focuses on cardiopulmonary complications, but very limited publication of neurological or musculoskeletal complications has been reported.

Keywords: Lung transplantation, food drop, pulmonary rehabilitation