ABSTRACT

Do categorised values maximal oxygen uptake discriminate patterns of exercise dysfunction of pectus excavatum?

Christopher Satur

Satur C, Do Categorised Values Maximal Oxygen Uptake Discriminate Patterns of Exercise Dysfunction of Pectus Excavatum? Gen Surg: Open Access. 2022;5(1)1.

ABSTRACT

Patients with Pectus Excavatum commonly report symptoms of compromised exercise function, yet cardiopulmonary function tests (CPET) fail to demonstrate a pathophysiological cause. As a result, patients in England are refused surgical treatment. We have examined whether categorised values of maximal oxygen consumption and other CPET parameters enable definition of exercise dysfunction. Results demonstrate that the analysis of categorised maximal oxygen consumption demonstrate that > 50% of patients with Pectus Excavatum experience compromised exercise function and >80% experiencing ventilatory dysfunction. Ventilatory dysfunction appears to be the primary cause of compromised cardiovascular function. Categorised data revealed that surgical treatment reduces exercise dysfunction by 40%, increasing the incidence of those with normal function by 90%. In conclusion use of CPET and pulmonary function tests require use of normal referenced and subgroup analysis to define physiological disturbances. This may improve access of patients with pectus to surgical treatment.

BIOGRAPHY

Satur is a Consultant Cardiothoracic in UK with a broad interest in the management of patients with malignant and benign thoracic diseases and major thoracic trauma. I have developed protocols for the investigation of the exercise dysfunction caused by Pectus Excavatum and carinatum determine. This group of patients have been disadvantaged by the view that their problems are largely cosmetic, and reports of exercise dysfunction are unfounded. We are choosing to use this to redesign study protocols for evaluation of this group of patients, with the aim of facilitating improved treatment options for them.

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