



Surgical management of mediastinal cysts

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Abstract

Objective: The purpose of this study was to present our experience in management of mediastinal cysts and to compare our findings along with those from literature.

Methods: A retrospective single-centre study was undertaken for 27 patients operated upon for mediastinal cysts in Zagazig University Hospital between 2004 and 2014. We analyzed demographics of patients, clinical presentation, location of lesions, type of procedures and histological diagnosis. Postoperative results regarding morbidity and mortality were reported.

Results: There were 12 females (44.4%), and 15 males (55.6%) with mean age 40 ± 15.3 years. Eleven patients (41%) were asymptomatic. The main symptoms were dyspnea, cough and chest pain. CT scan was the main diagnostic tool. The surgical approach was through thoracotomy in 19, median sternotomy in 7 and combined neck collar incision and upper sternal split in one patient. We completely excised 10 bronchogenic cysts, 5 pericardial, 4 thymic, 4 cystic hygroma, 2 hydatid and one of each thyroid and cystic duct cysts. Most of the cysts (51.8%) were located in middle mediastinum. No mortality was reported. Regarding morbidity, one patient was re-explored for bleeding and another had wound infection. Both of them improved. No recurrence was seen during follow up.

Conclusion: Surgery for mediastinal cysts, even if asymptomatic is safe, reliable and curative modality with favorable outcome. Copyright © 2016, Publishing services by Elsevier B.V. on behalf of The Egyptian Society of Cardio-thoracic Surgery. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Keywords: Mediastinum; Foregut cysts; Cysts; Surgery

1. Introduction

Cystic lesions accounts for 12%–30% of all primary mediastinal tumors [1]. They are usually asymptomatic and diagnosed incidentally during routine investigations. Large cysts present with compression symptoms. Differentiating these cystic lesions from other benign and malignant tumors is crucial. Debate still exists about the proper management whether surgical or conservative [2]. In this retrospective study, we present our experience in management of mediastinal cysts and highlight their clinical spectrum, diagnostic and therapeutic modalities.

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2. Patients and methods

From 2004 to 2014, 27 patients were operated in Zagazig University Hospital for excision of mediastinal cysts. We excluded cysts with no true epithelial lining e.g. pancreatic pseudocysts, mediastinal abscess, or cystic degeneration in a tumor. The classic 4 compartment classification was followed for description of site of mediastinal cysts. Data were collected regarding age, sex, clinical presentation, diagnostic modality size of the cysts, location in mediastinum, surgical approach, pathologic nature, morbidity and mortality. Comprehensive clinical examination, ECG, plain chest x ray and CT were done for all patients. MRI and echocardiography were ordered for selected cases. The surgical approach (thoracotomy or sternotomy) was decided based upon the location of cyst and relation to surrounding structures. VATS was not performed. Histopathological examination of excised cysts was done to reach definitive diagnosis.

3. Results

Surgery was done for 27 cases of mediastinal cysts. The patients' data are shown in [Table 1](#). The age of patients ranged from 20 to 76 years and the mean was 40 ± 15.3 years. There were 12 females (44.4%), and 15 males (55.6%).

Table 1

Patients' data.

Characteristics	No
Total No.	27
Age	40 ± 15.3
Sex (M/F)	15/12
Clinical presentation	
Asymptomatic	11 (40.7%)
Dyspnea	8
Cough	6
Dysphagia	4
Chest pain	4
Diagnostic modality	
Chest x ray	27
CT	27
Echo	6
MRI	3
Surgical approach	
Thoracotomy	19
Sternotomy	7
Neck collar incision + upper sternal split	1
Location in mediastinum	
Superior	4
Anterior	5
Middle	14
Posterior	4
Size	5 ± 2.1 cm
Pathology	
Bronchogenic cyst	10
Cystic hygroma	4
Intrathoracic thyroid cyst	1
Hydatid cyst	2
Pericardial cyst	5
Thymic cyst	4
Thoracic duct cyst	1
Complications	
Bleeding	1
Wound infection	1

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