

Diagnostic yield of mediastinal exploration.

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OBJECTIVE: To report our experiences of surgical diagnostic procedures in patients with unidentified mediastinal pathology. **METHODS:** From July 1995 to July 1999, 72 patients with mediastinal pathology had 73 surgical procedures for the purpose of tissue diagnosis. Of the 72 patients, 39 were female and 33 male, with an average age of 54 years. Mediastinoscopy and anterior mediastinotomy were performed in 54 and 15 patients, respectively (13 left and 2 right). Thoracoscopy was used in 3 cases, and 2 patients were diagnosed via cervical incision. Superior vena cava (SVC) obstruction was noted in 4 patients and four procedures were repeat procedures. Frozen section analysis was performed in 52 cases. **RESULTS:** Tissue diagnosis was achieved in all cases, enabling a specific diagnosis in 70 cases (97%). In 2 patients, the final diagnosis was non-specific and in 1 patient repeat biopsy was needed. The diagnoses were lymphoma (n = 32), tuberculosis (n = 20), metastatic disease (n = 11) and other pathology (n = 9). There was no operation-related mortality although 1 patient developed mediastinal haematoma, which was treated conservatively. The 2 in-hospital deaths resulted from causes secondary to the primary disease (invasive aspergilloma or Hodgkin's lymphoma). **CONCLUSION:** Mediastinoscopy is a safe surgical procedure with high diagnostic yield. Its routine use with mediastinotomy and thoracoscopy ensures accurate diagnosis. Careful surgical technique is mandatory in repeat procedures and SVC obstruction cases. Copyright 2002 S. Karger AG, Basel

PMID: 12424417 [PubMed - indexed for MEDLINE]