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Title: Descending necrotizing mediastinitis: A 10-year surgical experience

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Body: **OBJECTIVE:** Early diagnosis and aggressive surgical drainage are very important for successful treatment of descending necrotizing mediastinitis. We report our 10-year experience of managing this devastating disease, focusing on the multidisciplinary management. **METHODS:** Between January 2003 and January 2013, we retrospectively reviewed 11 patients with descending necrotizing mediastinitis due to odontogenic abscess or retropharyngeal or parapharyngeal abscess, who were treated by a single surgeon. Four women and 7 men were included in this study. The mean age was 59.7 +/- 15.2 years. Cervical drainage was performed in the involved area in all patients. Combined surgical and massive antibiotic treatment according to the bacteriological findings was carried out. The methods for mediastinal drainage included transcervical in all cases along with thoracotomy with radical surgical debridement of the mediastinum and excision of necrotic tissue only in 3 cases where the mediastinitis was extending below T4 in the CT scan. Permanent suction drainage and lavage of the abscess cavities were used. In cervical phlegmonas the surgical wounds were left open against anaerobic infection. **RESULTS:** Mortality raised to 18%. Two patients with uncontrolled sepsis at the time of presentation died after a prolonged stay at the ICU. **CONCLUSION:** Descending mediastinitis is still a life-threatening complications. The great importance of the early surgical treatment of neck infections, the use of antibiotics covering both aerobic and anaerobic bacterial spectrum and the good coordination between otolaryngologists, surgeons, reanimators and microbiologists is mandatory to the outcome of these patients.