European Respiratory Society
Annual Congress 2012

Abstract Number: 4880

Publication Number: P2935

Abstract Group: 8.1. Thoracic Surgery

Keyword 1: Mediastinal tumour **Keyword 2:** Thoracic oncology **Keyword 3:** Surgery

Title: Surgical treatment of superior vena cava syndrome caused by thymic carcinoma

Prof. Dr Mogeliy 30494 Hubutiy sklifos@inbox.ru MD [2], Prof. Dr Victor 30495 Sokolov sokolov@sklif.ru MD [2], Prof. Dr Vladimir 30496 Timerbaev timerbaev56@inbox.ru MD [3], Dr. Evgeniy 30497 Tarabrin DrTarabrin@ya.ru MD [1], Dr. Sergey 30498 Golovinskiy gols3@yandex.ru MD [1] and Dr. Dana 30503 Ibragimova herurgdana@mail.ru MD [1]. [1] Thoracicoabdominal Surgery, N.V. Sklifosovsky Research Institute of Emergency Medicine, Moscow, Russian Federation ; [2] Cardiovascular Surgery, Heart Transplantation Group, N.V. Sklifosovsky Research Institute of Emergency Medicine, Moscow, Russian Federation and [3] Anesthesiology, N.V. Sklifosovsky Research Institute of Emergency Medicine, Moscow, Russian Federation .

Body: Introduction Thymoma and thymic carcinoma are a rare disease, but they are the most common tumor of the anterior mediastinum in adults. They are asymptomatic until late. There are some potentially life-threatening manifestations of thymomic neoplasms like myasthenia gravis and superior vena cava syndrome. The palliative treatment of the mediastinal malignancies have poor prognosis and radical surgical therapy is the only option. Resection and reconstruction of the great mediastinal vessels in case of involved are technically challenging. Materials and Methods We report the case of a 63 year-old Caucasian female patient who presented superior vena cava syndrome derived from a mediastinal neoplasm compromising intrinsically and extrinsically the superior vena cava, right and left brachiocephalic vein. After evaluation the patient underwent radical resection of the tumor en bloc with the involved vessels and reconstruction with Y-shaped gore-tex graft. Cardiopulmonary bypass wasn't used. The histological analysis of the surgical specimen was diagnosed as thimic carcinoma, stage III (Yamakawa-Masaoka staging). The patient was discharged after 25 days of hospitalization without chemotherapy and radiotherapy after the operation. Results The postoperative observation was conducted for a period of 2 and 6 months. There were no signs of recurrent disease or thrombosis of the prosthetic graft. The patient performed his daily chores without difficulty. Conclusion Extensive resections of the tumor tissue with involved adjacent organs and vessels are feasible, safe, and improve satisfactory survival in invasive thymomas. Radiation therapy and chemotherapy in case of radical resection are not necessary.