

MINI INTRUSIVE OPERATIONS AT THE LYMPHADENOPATHY OF THE ANTERO-UPPER MEDIASTINUM

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Background/Purpose: To apply procedure of performance video assisted lymph dissection in the anterior-upper mediastinum at metastasises of a cancer of a thyroid gland, as alternative of a sternotomy. To analyze the complications nearest and long-term result.

Methods: With 2000 it is executed 132 video assisted surgical interventions. After a surgical intervention on a thyroid gland – the thyroidectomy from same access, through a bulbar cutting, retrosternal is introduced a telescope, by means of endoscopic instruments block excision pre-and paratracheal fast on a neck from both parties and in the anterior-upper mediastinum.

Results: At scheduled morphological research at 107 patients are taped metastasises of a cancer of a thyroid gland. At 25 patients of metastasises of a cancer of a thyroid gland have not been taped. The quantity of the removed lymph nodes on the average 9 is maximal 37. Time of operation in comparison with a sternotomy was reduced twice.

Discussion & Conclusion: When you point to the preoperative examination of the presence of metastases in the mediastinum more than 3 cm, as well as signs of germination of metastases in the surrounding structures should immediately schedule sternotomy. Application of video assisted technique of lymph node dissection in the upper anterior mediastinum metastases of thyroid cancer can be considered adequate and radical. This type of surgery reduces surgical trauma compared with sternotomy, and offering the best cosmetic results.