Huge Cystic Lymphangioma of the Mediastinum Successfully Treated With Thoracoscopic Surgery

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A 30-year-old man was referred to our department because of a huge mediastinal tumor that was detected on a routine chest radiograph (Fig 1A). Computed tomography and magnetic resonance imaging of the chest revealed a huge, well-defined cystic lesion measuring 19 × 9.8 × 16.3 cm in the anterior mediastinum extended toward both hemithoraces (Fig 1B).

The patient was positioned in a partial left lateral decubitus position for right video assisted thoracoscopic surgery. Three 10-mm operating ports were used: a camera port in the sixth intercostal space at the mid-axillary line, the main working port in the fifth intercostal space at the anterior axillary line, and an auxiliary port in the fourth intercostal space at the posterior axillary line.

After entering the right hemithorax, a huge cyst originating from the anterior mediastinum was revealed (Fig 2A; a = subclavian vessels; b = right lung; c = cyst). The cyst was aspirated, and 1200 mL of serous fluid was evacuated. The empty cystic sac could be grasped and removed. Anterior mediastinal fat and contralateral mediastinal pleura were resected en bloc (Fig 2B; a = cystic sac; b = superior vena cava; c = left lung). Pathologic examination revealed cystic lymphangioma.

Surgical excision through an open thoracotomy approach is the treatment of choice. However, several reports advocate thoracoscopic excision, as in our case presentation [1].

Reference