

Videomediastinoscopy: a Ten Year Experience on Lung Cancer Stadiation and Non-Diagnosed Mediastinal Lymphoadenopathy

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Abstract

Cervical Mediastinoscopy (CM) is a surgical procedure in it's own right requiring an operating room and general anesthesia and, in the recent past, the absence of minimally invasive techniques had created the myth of mediastinoscopy as the "gold standard" for the pathological staging of the medias-tinum. Nowadays, investigating the mediastinum is different and this calls for a review of the role of the "gold standard" CM. Between January 1999 and December 2012 a total of 303 CM were performed; 167 for pre-operative lung cancer stadiation and 136 for non-diagnosed enlargement of mediastinal nodes. The nodal stations investigated where those usually obtainable with CM. Out of 167 CM for lung cancer stadiation, 102 were positive for metastatic nodal disease, 65 were negative. Out of 136 VAMs performed for other reason (indications other than lung cancer) 15 were diagnostic for lymphoma (NLH/LH 2/4), 8 revealed non metastatic lung disease, 55 were suggestive for sarcoidosis, 10 for tubercular adenitis and 48 for non-specific adenitis. The data presented in this paper refer to the activity of a single institution in the period between 1999 and 2012 and the results we have extrapolated correspond with our idea that, despite the progress of new methods, we cannot as yet, do without mediastinoscopy.

Key words: mediastinoscopy, lung cancer, stadiation

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