Septic Mediastinitis after Transesophageal Puncture of a Mediastinal Mass

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OBJECTIVE
The present case demonstrates the management of a newly discovered large and well delineated mass in the posterior mediastinum. After interdisciplinary discussion a diagnostic puncture by bronchoscopy was performed with complicated sequelae.

CASE PRESENTATION
A 71 year old patient presented with a history of 2 months progressive cough, expectoration and a moderate exertional dyspnea. The imaging work up with CT - and FDG-PET CT scan demonstrated a huge, FDG avid mass in the posterior mediastinum (Figure 1). Puncture by endobronchial ultrasound (EBUS) was not diagnostic, so biopsy was repeated by endoscopic ultrasound (EUS) 2 weeks later. The next day the patient presented with clinical and biological signs of sepsis. CT scan revealed mediastinitis and air bubbles within the mass. The patient was immediately taken to the OR. En bloc resection of the mass by clamshell incision was performed including necrosectomy and debridement of the posterior mediastinum followed by lavage (Figure 2 and 3). Repetitive debridement including vacuum treatment led to complete resolution of the mediastinitis and definitive closure of the chest within 5 days. The patient was discharged at POD 29.

The final pathological analysis revealed FDC (follicular dendritic cell)–sarcoma. Interdisciplinary sarcoma board discussion did not propose any additional treatment. After 6 months follow-up the patient is doing well without any signs of tumor recurrence or metastases.

CONCLUSION
Diagnostic biopsy of radical resectable large mediastinal tumor compressing surrounding structures is rarely indicated and may come along with an increased risk of complication.

References: