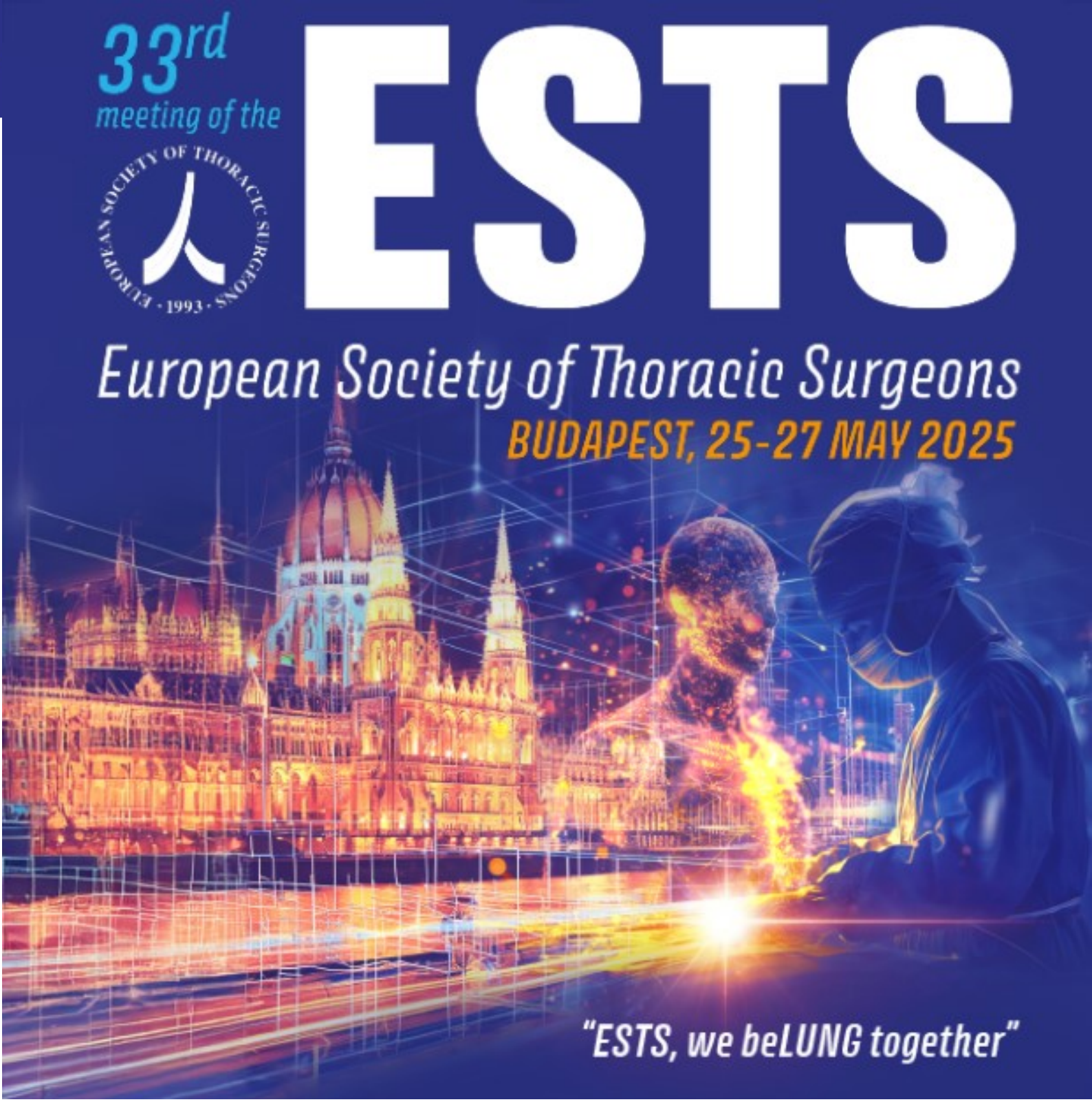


ESTS 2025

ABSTRACTS E-BOOK

BOARD-079

COMPARISON OF SUBXIPHOID AND LATERAL INTERCOSTAL APPROACH IN ANTERIOR MEDIASTINAL PATHOLOGIES

MEDIASTINUM

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Background: The anterior mediastinum is the compartment where mediastinal lesions are most frequently seen. Both subxiphoid approaches (SA) and lateral intercostal approaches (LA) are used in anterior mediastinal lesions. In this study, we aimed to compare the outcomes and advantages of SA and LA.
Methods: Between January 2013 and December 2024, the patients who underwent minimally invasive surgery for anterior mediastinal lesions were retrospectively analyzed. The study's main objectives were the characteristics of the patients, operation time, length of hospital stay (LoHS), drain type, drain duration, postoperative complications, and Visual Analogue Scale (VAS) analysis.
Results: A total of 79 patients were included in this study. Of these, %58.2 (n=46) cases were operated via LA and %41.8 (n=33) via SA. No significant difference was found in operation time, LoHS, and complication. The most common postoperative complication was serous wound drainage. In one patient in the LA group, hence hemothorax was seen on postoperative day 1, revision surgery had to be done. Drain removal time was shorter in the subxiphoid group, but no statistical difference was found ($p=0.059$). In patients whose drain removal time was under 2 days, the LoHS was also significantly shorter ($p<0.001$).The mean VAS was 2.24±1.25 in the SA group and 4.22±1.31 in the LA group.
Conclusion: This study shows that VAS was significantly affected by SA. However, it was observed no superiority between SA and LA regarding operation time, LoHS, and perioperative complications. Therefore, SA may be preferred over LA in anterior mediastinal lesions and may improve patients' quality of life with less pain.