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Subxiphoid approach for thoracoscopic thymectomy

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Abstract

Avoiding sternotomy, cumulative experience has demonstrated the efficacy and safety of minimally invasive thoracoscopic thymectomy. Previous reports describing the transcervical, left or right thoracic approach, although demonstrating promising results, involve some compromise of the surgical exposure. We designed a new approach through the subxiphoid route to perform extended thymectomy using the standard thoracoscopic technique. We used this approach on two consecutive patients. Additional port sites were created on both sides of the anterior chest wall for introducing instruments. This approach provides an excellent view of the bilateral pleural cavities, which is essential for adequate mediastinal fatty tissue dissection, especially because the surgical plan calls for removal of all the bilateral pericardiophrenic fat pads and the mediastinal fat tissue between the bilateral phrenic nerves. This approach omits the sternotomy while making extended thymectomy possible through the bilateral access. All the possible thymic-bearing mediastinal fat tissues can be removed under direct thoracoscopic view, which may subsequently translate into better results.

Key words: Thoracoscopy — Subxiphoid approach — Thymectomy

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Pericardial drainage using the transdiaphragmatic route

Refinement of the laparoscopic technique

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Abstract

Four patients with malignant pericardial fluid requiring permanent drainage are reported. A three-port video-assisted thoracoscopic surgery modification of the pericardioperitoneal shunt procedure is described, in which the Ultracision Harmonic Scalpel is used. The supra-umbilically introduced camera secures direct vision for the trocars in the left and the right hypochondrium of the patient in a modified lithotomy position. Grasping the diaphragm anterolateral to the hiatus esophagei with the manipulator, we cut through the diaphragm-pericardium complex with the Harmonic Scalpel. After creation of a hole with a diameter 3 to 5 cm, the abdomen is closed without a drain. The usage of Ultracision scalpel minimizes the risk of epicardium injury previously described with the use of scissors or electrocautery. Clips are unnecessary because the Harmonic Scalpel has a sealing effect. Two figures demonstrate the port placements and the facilitated cutting with the Harmonic Scalpel. Four patients underwent surgery using the described technique. All or them suffered from ultrasound-guided tapping or drainage-resistant, lung cancer-related malignant pericardial fluid, which caused pericardial tamponade. All the procedures were successful. The technique is easy to learn and simple to perform.

Key words: Pericardioperitoneal window — Harmonic Scalpel

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Retroperineoscopic excision of a single blind ectopic ureter in childhood

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Abstract

Retroperitoneoscopy is gradually gaining importance in pediatric urology, especially for renal and adrenal