

DOI: 10.5152/TurkThoracJ.2019.292

[Abstract:0266] PP-092 [Accepted: Poster Presentation] [Thoracic Surgery]

Descending Necrotizing Mediastinitis; Simultaneous 2 Case, 2 Different Solution

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Descending necrotizing mediastinitis is a life-threatening and progressive clinical condition with high mortality rates of 30-50% and originates mostly from odontogenic infection which thoroughly extends mediastinum via fascial planes. Every patient should be evaluated within their own clinic and aggressive treatment should be started immediately. All necessary surgical procedures should be performed for aggressive drainage. Antibiotherapy is important and patients should be closely monitored in the intensive care unit. We aimed to compare two patients who were hospitalized at the same time and treated with different methods. A 34-year-old male patient with a medical history of teeth abscess referred to our hospital with retropharyngeal abscess was drained by bilateral neck incision and the tracheostomy was done in otolaryngology clinic. After thorax computerized tomography, thoracotomy was performed because of abscess collection in right paratracheal and subcarinal areas. The drain which is placed in the first operation from the right neck incision was reached through the mediastinal pleura and the drain was extended to the subcarinal area. Daily mediastinal lavage was applied from this drain to thorax drain. According to the culture results, antibiotic treatment was performed. The patient was discharged on the 12th postoperative day and has been followed for 1 year without any problems. A 52-year-old female patient was followed for diabetes, renal insufficiency (3 times a week for hemodialysis) and heart failure. Tomography was performed for the complaining of dysphagia. Abscess were observed in the retropharyngeal area and right paratracheal area upper mediastinum. An operation was planned but the patient was evaluated as ASA 4 by anesthesia, and the patient and her relatives did not accept the operation. A catheter was placed by interventional radiology to the retropharyngeal area from the lateral right neck and to right paratracheal area from right 3rd intercostal space near vertebra. According to the culture results, antibiotic treatment was performed. Daily lavages were performed with antibiotics from catheters. The patient was discharged on the 18th postoperative day and has been followed for 1 year without any problems. In the treatment of descending necrotizing mediastinitis, interventional radiological methods are an alternative method that can be tried in patients who cannot be operated although the basis of the treatment is aggressive drainage with surgery, antibiotics and intensive care.

Keywords: Descending, necrotizing, mediastinitis