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11th International Meeting on General Thoracic Surgery



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10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



5th Meeting of the Thoracic Oncology, Thoracic
Surgery, Techniques & Transplant, Respiratory Nursing
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Society of Pneumology and Thoracic Surgery (SEPAR)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
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IMPROVED OUTCOMES IN SURGICAL MANAGEMENT OF DESCENDING NECROTIZING MEDIASTITIS: A 16-YEAR RETROSPECTIVE ANALYSIS (2008-2024)

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Objectives: Descending necrotizing mediastinitis (DNM) is a severe infection that originates in the neck or oral cavity and spreads to the mediastinum, resulting in high morbidity and mortality. This study aims to demonstrate the reduction in mortality among patients with DNM and identify factors contributing to this improvement.

Materials and Methods: Clinical records of 27 patients who underwent surgery for DNM between January 2008 and January 2024 were reviewed. The analysis was divided into two periods: 2008-2015 and 2016-2024. Variables assessed included age, sex, comorbidities, infection source, number of imaging studies requested, frequency of surgical interventions, bacteriology, hospitalization time, complications, and mortality.

Results: During the study period, 27 patients were surgically treated for DNM, with a male-to-female ratio of 2:1, a median age of 45 years, and an age range of 22 to 92 years. The most common sources of infection were dental and tonsillar. A statistically significant increase in the number of imaging studies requested was observed in the second period ($p < 0.05$). In the first period (2008-2015), 6 of 12 patients died, while in the second period (2016-2024), 3 of 15 patients died. Mortality decreased significantly from 50% in the first period to 20% in the second ($p < 0.05$).

Conclusions: The improvement in mortality among patients with DNM can be attributed to accumulated surgical experience, increased use of imaging studies, and advancements in intensive care unit management over the years, resulting in significantly enhanced treatment outcomes for this severe condition.