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



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Surgery, Techniques & Transplant, Respiratory Nursing
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Society of Pneumology and Thoracic Surgery (SEPAR)



3rd Joint Meeting of the Spanish Society of
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30th Congress of the "Asociación Iberoamericana
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EZH2 PHENOTYPE OF CIRCULATING TUMOR CELLS IN NSCLC

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Introduction: The sternum is an odd, symmetrical, flat bone that participates in the formation of the rib cage, plays an important role in ventilation, and in the protection of mediastinal organs. Rarely, the sternum may be the site of primary or secondary tumor pathology. Surgical resection is necessary. There are several methods of reconstruction and recovery, hence the importance of precise planning of the surgical procedure.

Materials and methods: This is a retrospective study reporting the experience of the thoracic surgery department over a period from January 2013 to December 2021, collecting data from 12 patients.

Results: The cohort comprised 6 women and 6 men, with an average age of 63 years. The symptomatology was dominated by sternal swelling. Chest CT was performed in all patients, PET scan in 3 patients, and bone scan in 1 patient. 8 patients underwent surgical biopsy. Total sternectomy was performed in 1 patient, subtotal superior sternectomy in 8 patients, subtotal inferior sternectomy in 2 patients, and partial sternectomy in 1 patient. Sternal replacement was performed with a titanium bar in 5 patients, TRIONYX custom plate in 4 patients, plate alone in 2 patients, and in 1 patient no material was required. A sliding myoplasty was sufficient in 10 patients, while a free flap of the dorsalis major muscle was necessary in 1 patient. Postoperative follow-up showed a stay in intensive care for 8 patients. Postoperative complications were manageable in 2 patients, and there were 2 patient deaths.

Conclusion: There are no scientific recommendations concerning the management of sternal tumors; nevertheless, surgery remains the only method to achieve a complete cure in sternal oncology. Reconstruction after resection poses a real challenge for the surgeon. Thanks to advances in biomedicine, various means and materials are now available.