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11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
Universitari  
Sagrat Cor

10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



30<sup>th</sup> Congress of the 'Asociación Iberoamericana  
de Cirugía Torácica' AIAC



10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## INCIDENTAL FINDING OF RIGHT CHEST WALL MASS OF METASTATIC ORIGIN

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**OBJECTIVES:** Chest wall tumours account for 2-5 % of thoracic tumours. They may be benign or malignant. They usually arise from bone, cartilage or soft tissue. The most common primary tumour is a sarcoma. They may be metastases from primary tumours of the lung, breast, kidney or colon.

**RESULTS:** Female, 59 years old, incidental finding in the context of an abdominal postoperative complication of a mass in the right chest wall measuring 66 x 119 x 72 mm with origin in the 8th costal arch and invasion of the spinal canal. A joint operation with neurosurgery was performed. T-shaped approach, dorsal midline incision and right postero-lateral thoracotomy. Excision of the mass from the 6th to 9th intercostal space, atypical lung resection and placement of proceed surgical mesh. Histology was compatible with metastatic carcinoma suggesting thyroid origin. The study was completed and thyroidectomy and cervical drainage was performed. The surgical specimen revealed three tumour focus compatible with minimally invasive well-differentiated follicular carcinoma (3x2x2 cm); papillary carcinoma of follicular and solid pattern (> 30%) with marked fibrosis, calcification and bone metaplasia (1.5x1.5 cm); and oncocytic papillary carcinoma with free margins (0.8 cm),

**CONCLUSIONS:** The initial presentation of a large chest wall metastasis of thyroid carcinoma has rarely been described in the literature. The incidence of distant metastases discovered preoperatively in patients undergoing thyroidectomy increases with increasing age (>45 years), larger primary (>4 cm), widely invasive primary, capsular invasion and lymph node metastasis.