Sixth International Joint Meeting on THORACIC SURGERY

Barcelona - 20th, 21st and 22nd November 2024
Auditorio Foment del Treball Nacional. Barcelona (Spain)

11th International Meeting on General Thoracic Surgery
Clínic Barcelona | Universitat de Barcelona | Hospital Universitari Sagrat Cor

5th 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)
Sociedad Española de Neumología y Cirugía Torácica (SEPAR)

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

10th International Workshop on Surgical Exploration of the Mediastinum and Systematic Nodal Dissection
Hospital Universitari Mútua Terrassa | Universitat de Barcelona

3rd Joint Meeting of the Spanish Society of Thoracic Surgery (SECT)
SECT Sociedad Española de Cirugía Torácica

30th Congress of the "Asociación Iberoamericana de Cirugía Torácica" AIACT

Sant Pau Campus Salut Barcelona | UAB Universitat Autònoma de Barcelona | MAR | Universitat Pompeu Fabra Barcelona

ONE-TIME SEQUENTIAL BILATERAL INFRACLAVICULAR FIRST RIB RESECTION FOR PAGET-SCHÖTTER SYNDROME

Yara Vale Olmo; José Carlos Meneses Pardo; Gabriela Tatiana Rodas Bustamante; Maria Álvarez Arias; Magdalena Tejero Pérez; Ignacio Iriso Castro; José Luis Campo-Cañaveral de la Cruz; Antonio Pablo Gámez García

Hospital Universitario 12 de Octubre, Thoracic Surgery Department

The traditional approaches for first rib resection to decompress vascular structures in the thoracic outlet syndrome is been progressively replaced by VATS and RATS. However, the infraclavicular approach represents a fast and safe surgery that offers good results. In this abstract, we present the decompression of a young patient with Paget-Schötter Syndrome, who showed signs of vein compression after angioplasty, using the infraclavicular approach for first rib resection. For the procedure, the patient is placed supine with the arms along the body in flex position of the surgical table. A transverse incision is made below the clavicle and the dissection starts preserving the pectoralis major muscle. It is necessary to remove the subclavian muscle to identify the vein and it is mandatory to perform adhesiolisis. Scalenotomy is performed along the rib. As an innovation in the usual technique, an ultrasonic aspirator that combine vibration and suctioning causing bone fragmentation preserving the soft tissue around is used to cut down the bone. We use a longitudinal tip to cut anteriorly and a 360º tip to rout as much posterior as possible. Chest tube normally is not necessary. The contralateral decompression is performed with the same technique. Normally the patient is discharged in less than 24 hours. The infraclavicular approach for vascular outlet syndrome, especially in Paget-Schötter syndrome, represents a valid way to promptly and effectively decompress the vein. It can be performed bilaterally in the same surgical act, with good results in Doppler Ultrasound allowing an early withdrawal of anticoagulation.