



Sixth International  
Joint Meeting on  
**THORACIC  
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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)



SOCIEDAD  
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30<sup>th</sup> Congress of the "Asociación Iberoamericana  
de Cirugía Torácica" AIACT



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



## ROBOTIC APPROACH FOR PANCOAST TUMOUR RESECTION

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ROBOTIC APPROACH FOR PANCOAST TUMOUR RESECTION a) Introduction Pancoast syndrome is a set of characteristic symptoms caused by the presence of a tumour in the pulmonary apex. It requires a multidisciplinary approach involving neoadjuvant treatment with chemo and/or radiotherapy in addition to surgery depending on the response. b) Indication for the technique Pancoast tumours involving the first rib with a good response after neoadjuvant treatments reducing the size of the tumour, considered resectable by minimally invasive robotic approach. c) Description of the technique We describe the case of a 67-year-old woman with a right upper lobe lung mass infiltrating the first right rib and soft tissues. Imaging tests and mediastinoscopy show a right Pancoast tumour compatible with a poorly differentiated squamous carcinoma cT4N0M0. The patient received four cycles of neoadjuvant treatment with good response in PET-CT scan, so surgical rescue is considered. A classic robotic approach with four ports, accessory port and CO2 insufflation was performed. We proceeded to perform the robotic right upper lobectomy with the resection of the first rib using disc forceps for the anterior costal section and a custom-designed costotome for the posterior section. We completed the mediastinal lymphadenectomy and left two pleural drains with no complications. d) Conclusion Robotic Pancoast tumour resection is feasible for selected cases by a team with experience in VATS first rib resection and/or robotic surgery offering the significant advantages of minimally invasive surgery including less postoperative pain, early hospital discharge and good recovery.