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Giant Thoraco-abdominal Tumor – A Surgical Challenge. Case Report

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Abstract

Background: During the last three decades, several improvements in surgical and anesthetic techniques have allowed a better management of primary and secondary tumors of the chest wall.

Objectives: Chest wall tumors, regardless of their location, anterior, posterior or lateral, have always been a challenge for the thoracic surgeon through technical and tactical problems they entail. The most common techniques to reconstruct a full thickness defect are by the use of alloplastic material and filling the soft tissue defect with myocutaneous flap.

Method: We present the unusual case of a 45 years old patient with a giant right thoraco-abdominal tumor, developing for the last 22 years. The tumor occupied the lower half of the right hemithorax and the right hemiabdomen, down to the right iliac crest. The tumor also developed inside the thoracic cavity, with the invasion of the last 3 ribs, of the diaphragm (partial) and with intra-abdominal invasion of a liver section and the right kidney.

Results: The surgery team had special problems related to: providing training and logistics, in-block tumor resection in oncological limits, followed by complex thoraco-abdominal reconstruction. The results were very good, with a favorable postoperative evolution, without any complications, the patient being discharged with the recommendation to come for follow-up on his condition.

Conclusions: A complex surgical intervention proved to be the only solution for saving the patient, for which the life due to the tumor's size became almost unbearable.

Key words: giant tumor, complex reconstruction

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