

Mediastinal Surgery for Head and Neck Cancer

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In case with carcinoma arising in the lower part of the neck, (such as larynx, hypo pharynx, thyroid, cervical esophagus and trachea), mediastinal tumor extension is sometimes seen. For the treatment of these tumors, mediastinal surgery is indicated on occasion. Mediastinum is the boundary area between head and neck surgeon and esophageal or lung surgeon and it seems like esophageal or lung surgeon is more familiar with the management of this area. Unfortunately it is not true especially as for the head and neck cancer. This is because advanced head and neck cancer with extension to the mediastinum often invades into the trachea and mediastinal tracheostoma is required. As for the management of tracheostoma head and neck surgeon has the greatest experience and so we must treat ourselves in such a situation.

Two types of approaches are used for the mediastinal exposure. One is midline sternotomy and its modification. Another is resection of bony structure of anterior chest such as manubrium of sternum, clavicular head and rib.

Most important point for successful mediastinal surgery is how to make good mediastinal tracheostoma. Post-operative complications around the tracheostoma is easily lead to significant result like large artery rupture.

Since 1980 to 2004 we have used the approaches to the mediastinum mentioned above in 128 cases of carcinoma of the hypopharynx and the cervical esophagus. I would like to show our methods for safe mediastinal surgery in this presentation.