Thoracoscopic Resection of Bronchogenic Cyst

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Background

**Bronchogenic cysts**
uncommon congenital anomalies
result from abnormal budding or branching of the tracheobronchial tree
confirmative diagnosis : only by pathologic evaluation
frequent manifestation of pulmonary complication and latent
malignancy
surgical excision is recommended even in the asymptomatic case

**Thoracoscopic excision**
alternative to classical thoracotomy for uncomplicated cysts

Purpose

case report of 7–year–old girl
cystic mass on right upper lung field
thoracoscopic lobectomy of right upper lobe of lung
pathologic diagnosis : bronchogenic cyst
Case Presentation

7-year-old female
C/C : cystic lesion in right upper thorax

Past History
pulmonary tumor known as
congenital cystic adenomatoid malformation
during neonate evaluation

chest CT work-up for sexual precocity
due to her symptom of breast budding

height : 127cm
body weight : 25kg
Thoracic lesion on Chest CT in neonate
Thoracic lesion on Chest X-ray & CT f/u

생후 3개월

생후 7개월
Cystic lesion in RULF
R/O azygos lobe
well defined cystic lesion of about 2 cm in diameter in right upper thorax, connected to bronchus, suggestive of bronchopulmonary foregut malformation, such as bronchogenic cyst; no visible bronchus of right upper lobe
Thoracoscopic lobectomy of right upper lobe of lung

Lt. lateral position with flexion of Lt. flank

12mm troca in 5th ICS on post. ax. line for operator’s Lt. hand, endo GIA & endopouch

5mm troca in 6th ICS on post. ax. line for operator’s Rt. hand

5mm troca in 5th ICS on ant. ax. line for assist

5mm troca in 7th ICS on mid. ax. line for camera

Chest tube insertion

total operation time: 177 minutes

unilocular cyst of 1.5 x 1.5 x 1 cm in size

pathologic diagnosis: bronchogenic cyst
Postop. Course

- chest tube insertion
- intubation was maintained with ventilator care in ICU for one day
- transfer to general ward after extubation on POD#1
- chest tube removal on POD#2
- postoperative course was uneventful
- discharged on POD#5 without postoperative complication
Postop. Chest X-ray

Immediate postop.

POD #10
Postop. Chest CT
Conclusion

- In our case, the benign bronchogenic cyst was easily excised by minimally invasive thoracoscopic approach.

- With the appropriate indications, thoracoscopic resection is well suitable for the benign thoracic lesions in pediatrics.