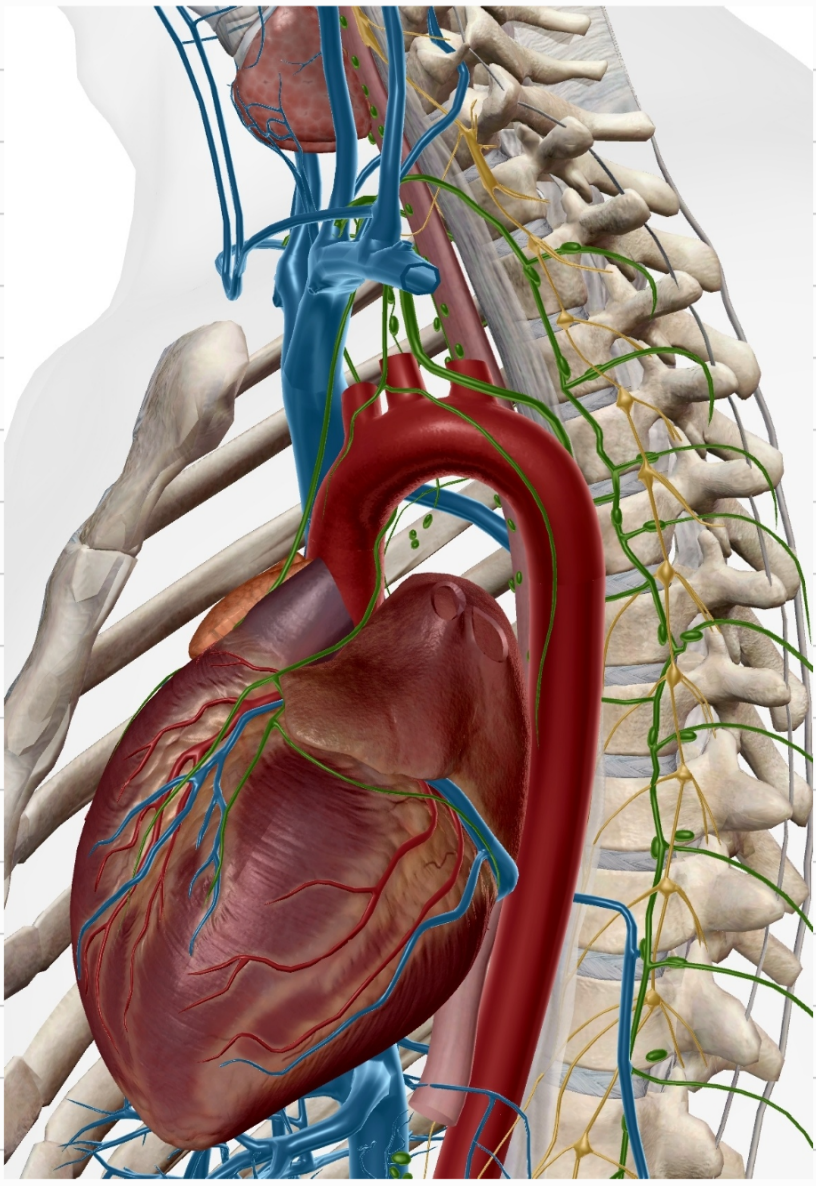


Ant. Mediastinum
- thymus
- extension of thyroid + parathyroid
- lymphatics
- **thymic tumors** mc
- lymphoma
- germ cell
- ectopic thyroid

Middle
- heart
- pericardium
- aortic arch + branches
- BCV + SVC
- Pulmonary arteries
- trachea
- LNs
- phrenic + vagus
- cysts (bronchogenic)
- mesenchymal
- **lymphadenopathy** mc
- aneurysm

Post.
- esophagus
- descending aorta
- azygous vein
- paravertebral LNs
- thoracic duct
- vagus
- sympathetic chain
- **Neurogenic tumors** mc
- lymphomas
- esophageal

Thymomas (cont.)

- Peak age 40 – 60.
- mc paraneoplastic : myasthenia gravis.
- all originate from epithelial thymic cells.
- 50% asymptomatic, may have mass effect

Masaoka classification:

Stage 1	Stage 2	3 →	4
encapsulated	invade fat or pleura		mets.

* Prognosis depends on gross appearance not histology.

- If the tumor is small and appears readily accessible, perform a **total thymectomy with contiguous removal of mediastinal fat.**
- **If the tumor is invasive**, perform a total thymectomy in addition to **en bloc removal of involved pericardium, pleura, lung, phrenic nerve, innominate vein, or superior vena cava.** Resect one phrenic nerve; however, if both phrenics are involved, do not resect either nerve, and debulk the area.

Germ cell tumor (cont.)

2nd most common location after gonads → mediastinum.

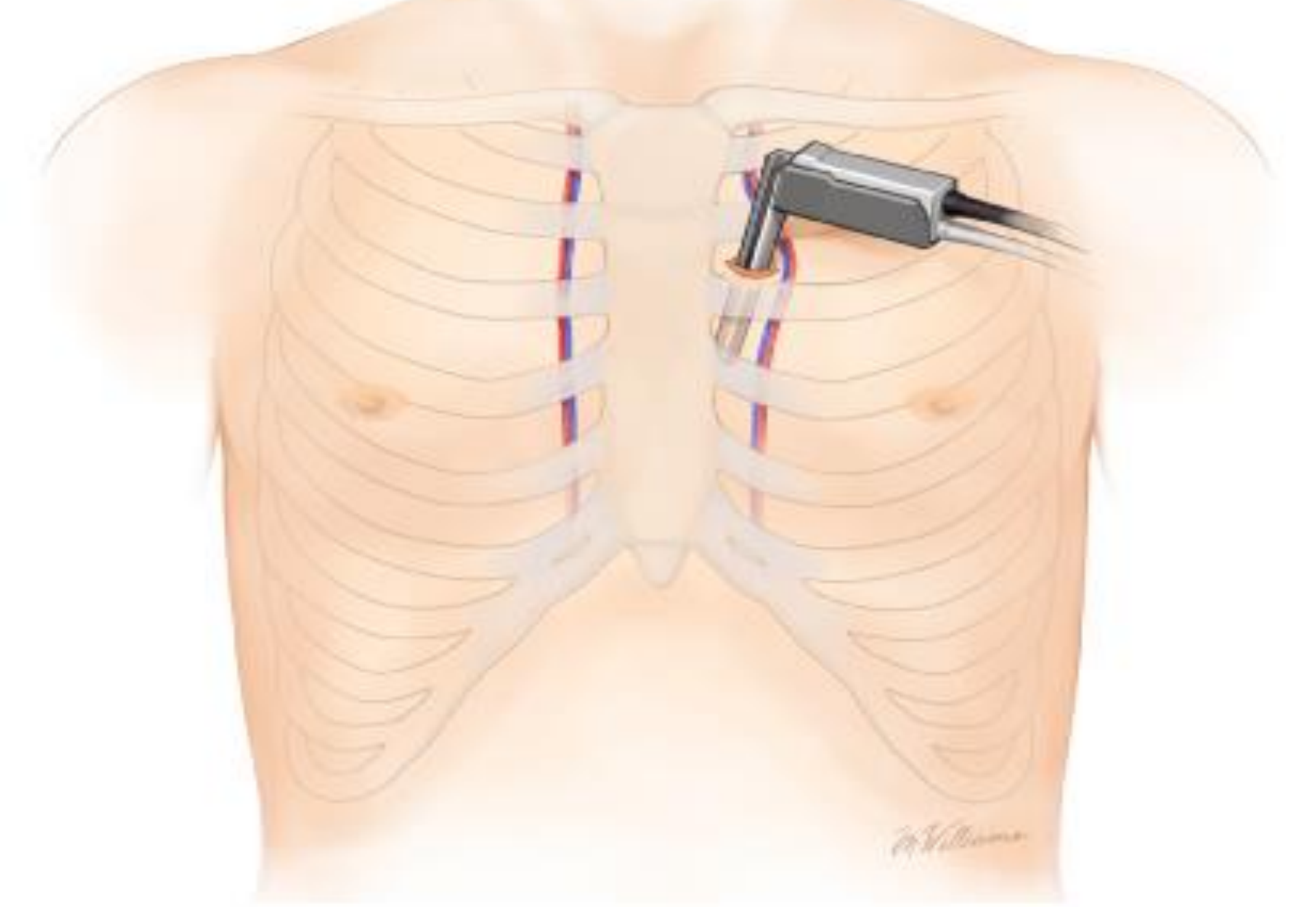
seminomas > non-seminomas

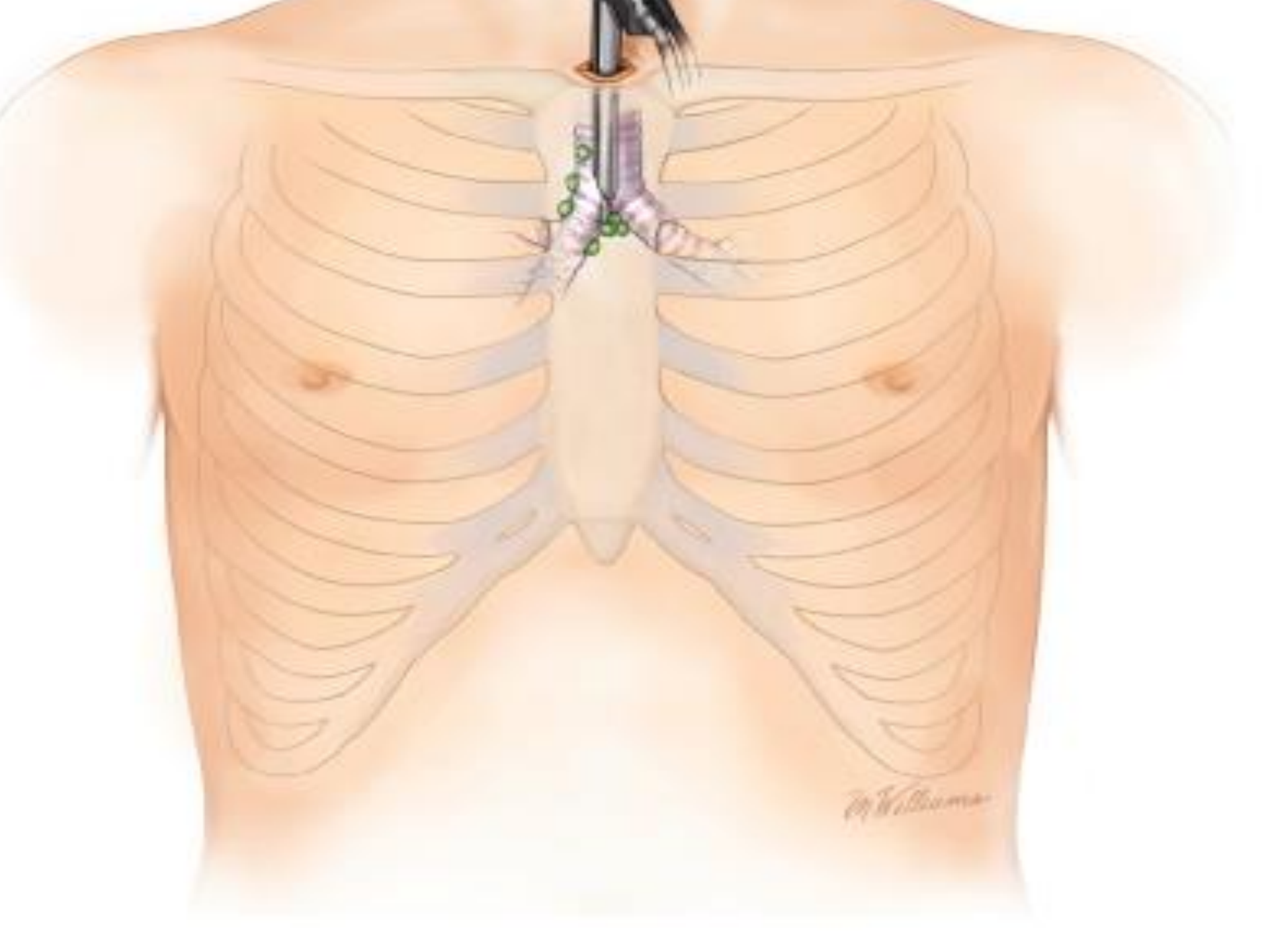
Neurogenic tumors (post.)

Benign	Malignant
Schwannoma	neuroblastoma
neurofibroma	ganglioneuroblastoma → children, sympathetic ganglia.
ganglioneuroma	

SURGERY

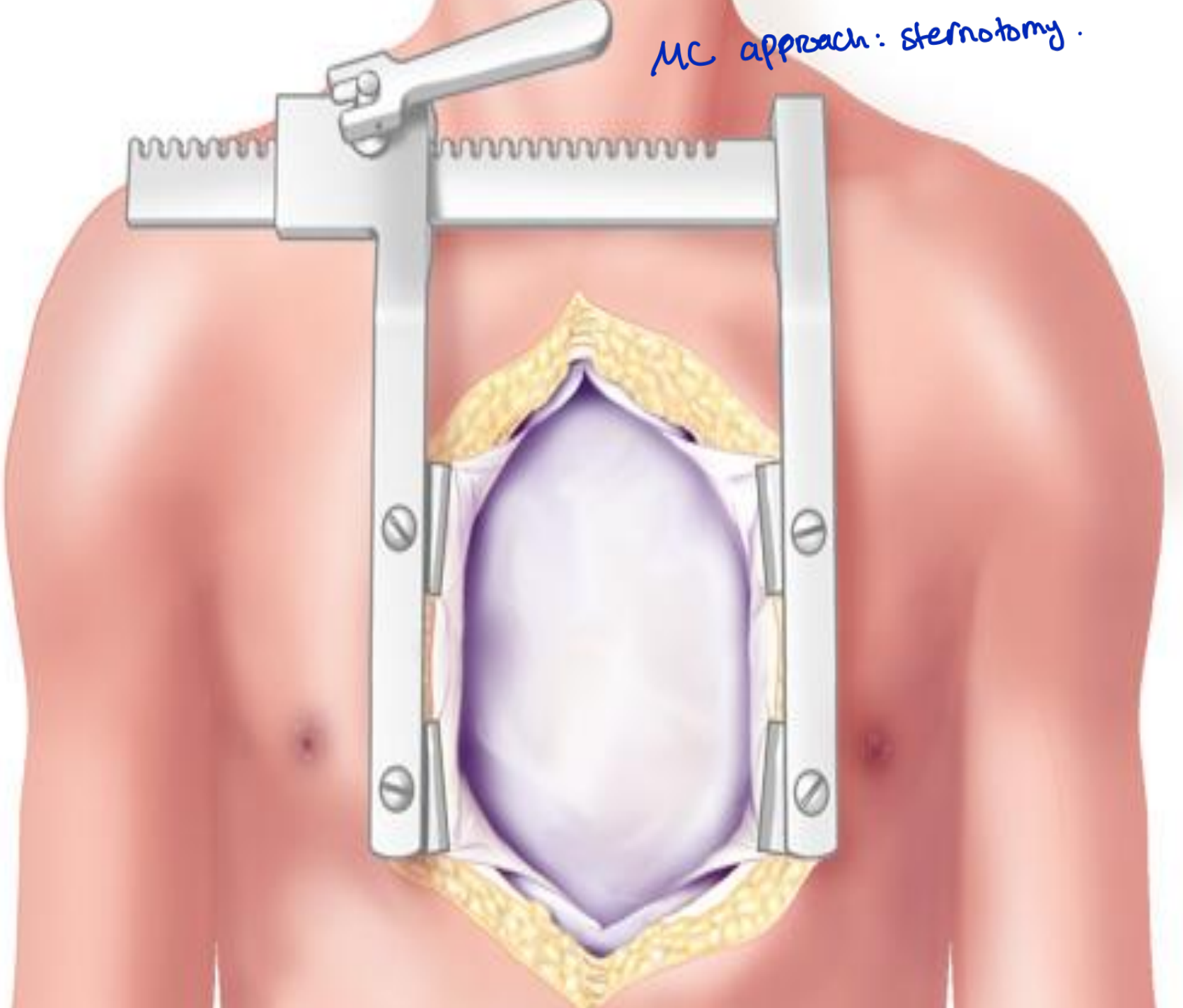
- **TWO TECHNIQUES:**
- 1. **OPEN MEDIAN STERNOTOMY.**
- **2. VIDEO ASSISTED THORACOSCOPIC SURGERY (VATS)**
- The preferred approach is a median sternotomy providing adequate exposure of the mediastinal structures and allowing complete removal of the thymus,





Lateral Decubitus Position


RUSCH


MC approach: sternotomy.

bilateral anterior thoracotomy
(if mets to diaphragm)