

Letters to the Editor

Descending Necrotizing Mediastinitis

Mediastinitis necrotizante descendente

To the Editor:

We read with interest the recent publication on the surgical treatment of descending necrotizing mediastinitis (DNM) by Deu-Martín et al.¹ The authors present a major work on this infrequent pathology over 11 years, analyzing the clinical and pathological characteristics of the patients as well as risk factors for survival.

We Would Like to Make the Following Commentary

The authors of this paper principally defend the transthoracic surgical approach by thoracotomy for cleaning the mediastinum, although in the majority of patients the purulent collections are located above the carina (86.5%). In this context it is worth noting that the choice of surgical approach is a controversial topic. Traditionally, the approach of choice was the thoracotomy. However, there is also evidence of other options that are as efficient and less invasive,^{2,3} especially in mediastinal collections located cranially to the carina. On the other hand, transcervical mediastinal drainage has been described for DNM with purulent collections below the carina (fig. 1).⁴ The final objective in this type of surgery is to drain all abscesses, control sepsis, and leave tubes or catheters for later cleaning and as a drainage option. The surgeon has complete control in making the decision, according to his/her experience and personal preference, as to which approach is most convenient, and that there is no doubt that the extent of the infection depends on the time transpired between the oropharyngeal and mediastinal infections. In our review from two years ago, over 70% of DNM cases were treated without thoracotomy, using a transcervical approach, at times with a mediastinoscopy, producing positive results (1 of 9 patients died: 11.1% mortality).⁵

Furthermore, when associated with pleural effusion, this can be a reactive (non-infectious) process, and a thoracic tube could be sufficient for adequate drainage. Also, as expressed by authors Deu-Martín et al,¹ CT monitoring and the possibility of a reoperation in case the condition worsens must be taken into account. As such, the primary message that we wish to transmit is that, in our opinion, in the majority of cases, the approach and cleaning of the mediastinum in DNM can be performed successfully using a more conservative approach (cervical approach or VATS) and that the later evolution of each patient would then indicate the need for reoperation or another, broader approach.



Figure 1. Thoracic radiography showing mediastinal thoracic drainage after the operation in the case described in reference No. 4 (Honguero et al).

References

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