

2023 대한심장혈관흉부외과학회

제55차 추계학술대회 & APELSO 2023

2023. 11. 02 (Thu) - 11. 04 (Sat), 그랜드 인터컨티넨탈 파르나스 서울

Minimally Invasive Uniportal Mediastinal Mass Surgery: Comparison of Early Postoperative Outcomes

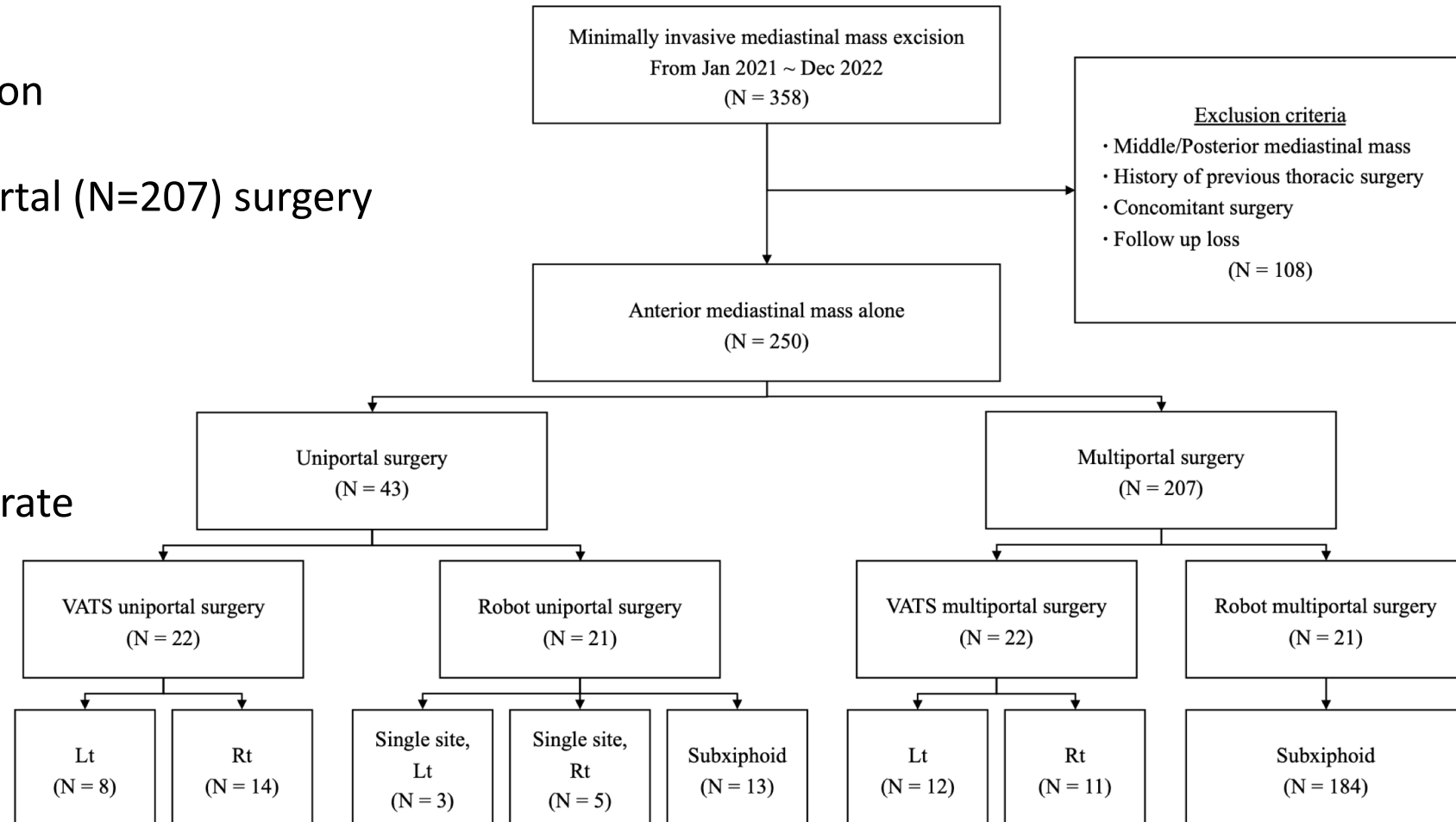


- Surgery is essential in treating mediastinal lesions, including thymoma, thymic carcinoma, and others.
 - With the emergence of minimally invasive surgery, video-assisted thoracoscopic surgery (VATS) and robot-assisted surgery has been widely adopted.
 - To further improve cosmesis and postoperative pain, attempts to minimize incisions have been made, from multiportal to uniportal, with popularity of uniportal surgery increasing in recent years.
 - However, unlike comparison of open vs. minimally invasive surgery, only a few reports have been published comparing uniportal and multiportal surgery
- Thus, we aim to compare the surgical outcomes of uniportal and multiportal minimally invasive surgery

- A single center, retrospective study
- From Jan 2021 to Dec 2022
- Anterior mediastinal mass excision
- By uniportal (N=43) and multiportal (N=207) surgery

Outcome

- Operation time, conversion rate
- Complication, hospital stay
- Postoperative VAS

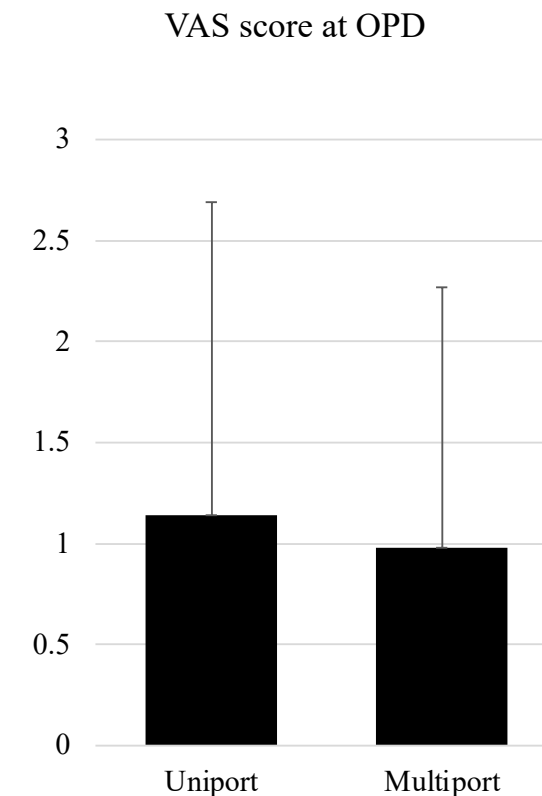


- Uniportal surgery was chosen for smaller and less invasive cases
- Operation time and hospital stay was significantly shorter in uniportal cases
- There were no postoperative complications in uniportal cases

	Uniport (N = 43)	Multiport (N = 207)	Total (N=250)	<i>P-value</i>
Age (years)	55.0 (± 12.9)	51.6 (± 14.9)	52.1 (± 14.6)	0.17
Male sex, n (%)	22 (51.2%)	98 (47.3%)	120 (48.0%)	0.77
Primary disease, n (%)				< 0.01
Cystic mass	19 (44.2%)	33 (15.9%)	52 (20.8%)	
Thymoma	20 (46.5%)	122 (58.9%)	142 (56.8%)	
Thymic carcinoma	0 (0.0%)	15 (7.3%)	15 (6.0%)	
Others	4 (9.3%)	37 (17.9%)	41 (16.4%)	
Size of mass (cm)	3.67 (± 2.22)	4.61 (± 2.28)	4.45 (± 2.29)	< 0.05

	Uniport (N = 43)	Multiport (N = 207)	Total (N=250)	<i>P-value</i>
Op time (min)	78.7 (± 29.6)	89.7 (± 33.2)	86.1 (± 33.5)	< 0.01
Conversion, n (%)	1 (2.3%)	6 (2.9%)	7 (2.8%)	> 0.99
Complication, n (%)	0 (0.0%)	18 (8.61%)	18 (7.2%)	< 0.05
I	0 (0.0%)	5 (2.4%)	5 (2.0%)	
II	0 (0.0%)	6 (2.9%)	6 (2.4%)	
IIIa	0 (0.0%)	6 (2.9%)	6 (2.4%)	
IIIb	0 (0.0%)	1 (0.5%)	1 (0.4%)	
Hospital stay (days)	1.23 (± 0.57)	1.81 (± 1.60)	1.71 (± 1.49)	< 0.01

- After discharge, follow-up was done at an average of 16.2 days
- Although patients who underwent uniportal surgery visited the outpatient clinic after a significantly shorter time, VAS pain score did not show significant difference between approaches



	Uniport (N = 43)	Multiport (N = 207)	<i>P-value</i>
OPD visit (days)	15.6 (± 4.1)	16.3 (± 8.2)	< 0.05
VAS	1.14 (± 1.55)	0.98 (± 1.29)	0.47

- **Excellent** early postoperative outcomes were observed in VATS and robot uniportal surgery compared to its multiportal counterpart, with shorter operation time and hospital stay.
- Short-term follow up after uniportal surgery showed comparable pain control.
- However, careful selection for suitable cases should be made prior to surgery, to accomplish desirable outcomes. Further analysis on selection criteria is to be done.