The omentum has not only a mass effect but also has properties such as the ability to enhance neovascularization and to absorb exudates in the mediastinum [4]. The additional skin incision to harvest pectoralis major muscle flaps may lead to a more painful post-operative course than that with a median skin incision to harvest the omentum, which requires at most an incision just several centimeters longer than the initial sternotomy.

The study by Klesius and associates shows excellent clinical results; and I agree with them regarding the effectiveness of muscle transfer for treatment of mediastinitis. However, is their strategy one that is employed as the first surgical option? I would choose omental transfer with or without muscle flap transfer as a first strategy.

References


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Letter to the Editor

Necessity of needle wire localization during video assisted thoracic surgery for patients with solitary pulmonary nodule

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We would like to express our opinion on the article by Ciriaco and associates [1]; first of all we congratulate them for the results obtained in their study.

We know that for small and deep pulmonary nodules the localization techniques are necessary, and in 1999 Susuki et al. [2] established dimensions and depth of the nodules for which it is necessary for a localization’s technique. We think that preoperative localization techniques have some severe retrosternal mediastinitis or who had undergone implantation of a vascular prosthesis which is potentially infected, but have almost normal bone material to close the sternum. In our patient population, we see in most patients suffering from deep sternal infection, involvement of the sternum bone itself with good retrosternal fibrous tissue protecting the heart from infection. In these cases our approach with mobilization of the pectoralis muscle is superior to omental transfer, as resection of the sternum is required and otherwise stability of the thorax is not achievable to the extent we demonstrated in our results.

Regarding the patient morbidity, the additional small incision at the right infraclavicular region does not cause significant pain or other clinical problems except some decrease in arm strength. On the other hand I have seen some abdominal problems following omental transfer including stomach atony and recurrent vomiting.

In summary the authors think the two approaches have to be applied individually to the patient depending on the underlying extent of infection.

Thank you again for your comment.

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