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## Videothoracoscopy and sternotomy approach for adenoid cystic carcinoma: case video

Flavia Alves Corrêa de Queiroz<sup>1</sup>, José de Sá Moraes Neto<sup>1</sup>, Casimira Edeneia Lourenço Pedro<sup>1</sup>, Juliana Vieira de Oliveira Salerno<sup>1</sup>, Jaqueline Schapariní Fonini<sup>1</sup>, Benoit Jacques Bibas<sup>1</sup>, Helio Minamoto<sup>1</sup>, Paulo Francisco Guerreiro Cardoso<sup>1</sup>, Paulo Manuel Pêgo-Fernandes<sup>1</sup>

<sup>1</sup> Thoracic Surgery, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo, São Paulo, SP, Brazil.

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Flavia Alves Corrêa de Queiroz - <https://orcid.org/0000-0002-8785-6543>  
José de Sá Moraes Neto - <https://orcid.org/0009-0005-2367-1514>  
Casimira Edeneia Lourenço Pedro - <https://orcid.org/0009-0009-2745-4612>  
Juliana Vieira de Oliveira Salerno - <https://orcid.org/0000-0002-3731-464X>  
Jaqueline Schapariní Fonini - <https://orcid.org/0000-0002-1497-491X>  
Benoit Jacques Bibas - <https://orcid.org/0000-0002-5092-0505>  
Helio Minamoto - <https://orcid.org/0000-0003-4766-4675>  
Paulo Francisco Guerreiro Cardoso - <https://orcid.org/0000-0003-0749-4165>  
Paulo Manuel Pêgo-Fernandes - <https://orcid.org/0000-0001-7243-5343>

### Corresponding author

e-mail: [flavia.queiroz@hc.fm.usp.br](mailto:flavia.queiroz@hc.fm.usp.br)

**Introduction:** Primary tracheal tumors have a prevalence around 0.2% of the entire respiratory system.<sup>(1)</sup> Two-thirds of tracheal tumors are malignant, of which 75% are squamous cell carcinoma and 15% are adenoid cystic carcinoma. Due to the low incidence, we chose to report the case of a patient with adenoid cystic carcinoma approached via videothoracoscopy and sternotomy with incomplete resection of the lesion (R1) with clinical and radiological control of the disease following adjuvant therapy.<sup>(2)</sup>

**Case video Summary:** A 51-year-old male patient, non-smoker, with clinical signs of progressive dyspnea,

weight loss (15kg) and hoarseness for 6 months. The patient underwent neck tomography and bronchoscopy with the finding of a 4.0cm-long vegeto-infiltrative lesion located 3.0cm from the vocal folds and 5.5cm from the carina. After 2 months, laryngoscopy and biopsy of the lesion were performed with histopathological results of Adenoid Cystic Carcinoma. The clinical case was discussed among the Thoracic Surgery team and surgery was chosen. At the time of surgery, the patient underwent selective intubation and was positioned in the left lateral decubitus position. Initially, a videothoracoscopy on the right was performed to release the pulmonary hilum to facilitate mobilization of the trachea. Afterwards, the patient was positioned in the supine position and underwent resection and cricotracheal anastomosis via sternotomy. Frozen margins during the surgical procedure demonstrated involvement of the lateral and proximal posterior margin. After the procedure was completed, extubation was carried out and he was taken to the intensive care unit. The patient presented a favorable evolution during the postoperative period with early return to oral feeding (second day) and discharge from the ICU on the third postoperative day. After 7 days of hospitalization, the patient showed complete acceptance of the oral diet, preserved speech, and was discharged from the hospital. The anatomopathological result was compatible with adenoid cystic carcinoma with compromised margins. The patient is currently undergoing radiotherapy with adequate disease control.

**Conclusion:** With this report, we describe a diagnostic and therapeutic strategy for cases of adenoid cystic carcinoma with incomplete resection of the lesion. Finally, for large and distal tracheal lesions, the technique of releasing the pulmonary hilum via a minimally invasive route allows for better mobilization of the trachea, facilitating the resection of the affected area and the construction of the tension-free anastomosis, as demonstrated in this report.

**Keywords:** Tracheal neoplasms; Adenoid cystic carcinoma

## ■ REFERENCES

1. Azar T, Abdul-Karim FW, Tucker HM. Adenoid cystic carcinoma of the trachea. *Laryngoscope*. 1998;108(9):1297-300. Review.
2. Pearson FG, Thompson DW, Weissberg D, Simpson WJ, Kergin FG. Adenoid cystic carcinoma of the trachea. Experience with 16 patients managed by tracheal resection. *Ann Thorac Surg*. 1974;18(1):16-29.

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