

PREOPERATIVE DIAGNOSIS:, Chest wall mass,
left.,POSTOPERATIVE DIAGNOSIS: , Chest wall mass,
left.,PROCEDURE:, Removal of chest wall
mass.,DESCRIPTION OF PROCEDURE: , After obtaining the
informed consent, the patient was brought to the operating
room where he underwent a general endotracheal anesthetic.
The time-out process was followed and preoperative
antibiotics were given. The patient was in the supine position
and was prepped and draped in the usual fashion.,The area of
the mass, which was on the anterior lower ribs on the left side
was marked and then a local anesthetic was injected. An
incision was made directly on the mass and carried down to
the ribs. This is where the several chondral cartilages of the
lower ribs meet. So I believe they were isolated in 9th rib
anteriorly and I was able to encircle it. The medial area was
_____. There was no way to perform same procedure
there, so what I did, I took an electric saw and proceeded to
divide the calcified cartilages of the sternum and also the
attachments to the lower ribs. There was also a separate
sharp growth of the mass growing superiorly. Apparently, I
was able to excise the mass and actually it was much larger
than it was palpated externally. This may be due to an
extension towards the inside of his chest. Hemostasis was
revised. The internal mammary was intact and there was no
obvious penetration of the pleural cavity. The specimen was
sent to Pathology and then we proceeded to close the defect.
Obviously, the space between the ribs cannot be
approximated. So what we did was approximate the pectoralis

major operative defect and then the soft tissues and the skin with subcuticular suture of Monocryl.,The patient tolerated the procedure well. Estimated blood loss was minimal and he was sent to the recovery room in satisfactory condition.