

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.