

Images in cardio-thoracic surgery

Recurrent laryngeal nerve paralysis resulting from a metastatic lymphadenopathy caused by a right-sided lung cancer

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A 52-year-old man showed right vocal cord paralysis (Fig. 1). Computerized tomography (CT) revealed a right upper lobe mass and a right superior mediastinal lymphadenopathy in close association with the brachiocephalic trunk and right subclavian vein (Fig. 2A and B). Histologic examination of the videothoracoscopic mediastinal lymph node biopsy proved a metastatic adenocarcinoma. A chylothorax has developed in the post-operative period, which was managed

with conservative treatment. The patient was given a chemotherapy regimen of carboplatin and gemcitabine.

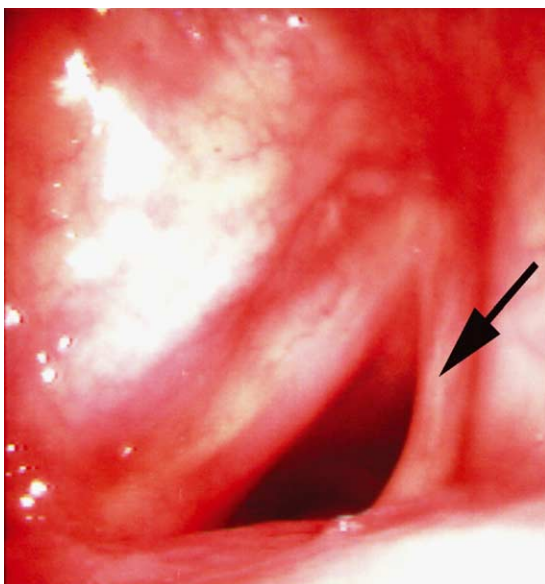
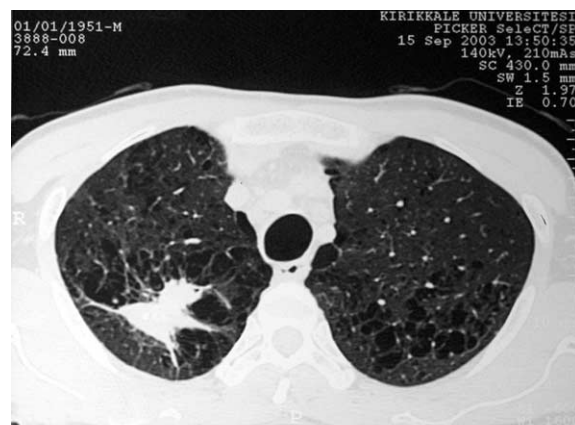


Fig. 1. Bronchoscopic view of the vocal cord paralysis on the right side (arrow).



A



B

Fig. 2. (A) Right upper lobe mass proved to be an adenocarcinoma. (B) Metastatic lymphadenopathy (big arrow) adjacent to the right brachiocephalic trunk (small arrow) and subclavian vein (arrowhead).

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