

**THE ROLE OF MEDIASTINOSCOPY IN THE DIAGNOSIS OF THORACIC DISEASE: A ONE-YEAR SINGLE CENTER EXPERIENCE**

M.Chabowski<sup>1</sup>, A.Szymanska-Chabowska<sup>2</sup>, J.Skotarczak<sup>1</sup>, D.Janczak Jr.<sup>1</sup>, L.Pawlowski<sup>1</sup>, D.Janczak<sup>3</sup>

<sup>1</sup>Dept of Surgery, Fourth Military Teaching Hospital, Wroclaw, Poland;

<sup>2</sup>Dept of Internal Medicine and Hypertension, Wroclaw Medical University, Wroclaw, Poland;

<sup>3</sup>Dept of Clinical Proceedings, Faculty of Health Science, Wroclaw Medical University, Wroclaw, Poland

Our experience of using mediastinoscopy for the diagnosis of enlarged mediastinal lymph nodes or mediastinal mass is presented in this study. We reviewed 54 consecutive patients (34 men and 20 women) with mediastinal pathology of varied etiologies who underwent a standard cervical mediastinoscopy from January to December 2012. The histological results were positive in 32 cases (59.2%), and negative in 22 cases (40.8%). Transient recurrent nerve palsy manifested as prolonged hoarseness of voice was the only minor complication in 3 cases (5.5%). The sensitivity of the procedure was 72%, and the specificity was 100%. We recommend the use of a mediastinoscopy in the staging of lung cancer and the diagnosis of mediastinal mass when other non-invasive procedures are ineffective.