

Anesthetic Management of a Left Ureteral Mass in a Patient with Metastatic Prostate Cancer and an Anterior Mediastinal Mass



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Case Description

D.H. is a 69 year old male with a history of COPD, CHF, HTN, morbid obesity who presented with low back pain and abdominal pain. CT imaging revealed diffuse metastatic disease. CT imaging also revealed an anterior mediastinal mass with encasement of the aorta. Eventually he was diagnosed with advanced metastatic prostate cancer. PET scan revealed avid nodal mets in the cervical region, widespread peritoneal carcinomatosis, and diffuse osseous mets in the axial spine, sacrum, and bilateral femurs. Soon thereafter, he began treatment with chemotherapy and hormone therapy.

Imaging

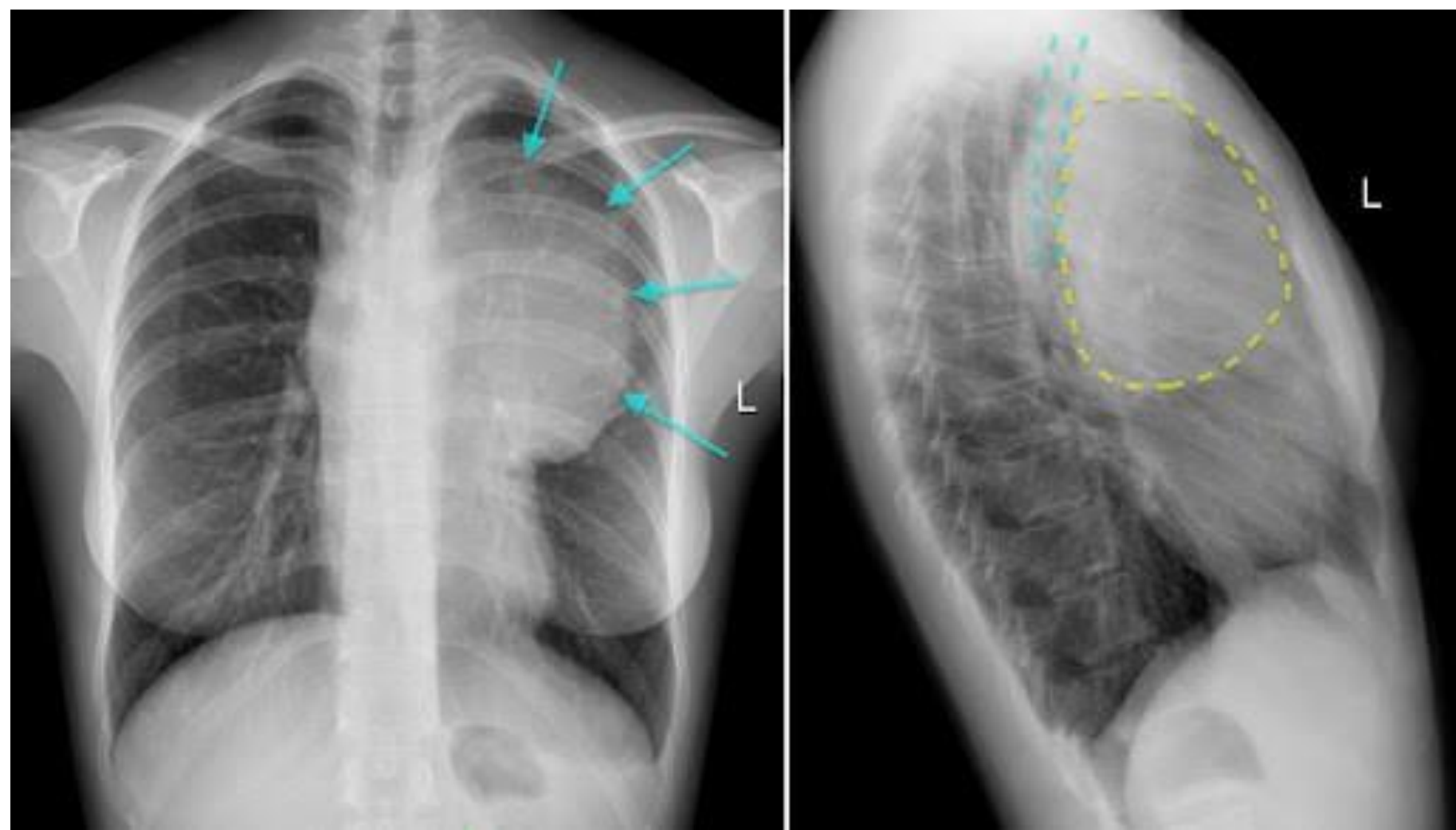


Fig. 1 PA/LAT CXR showing Ant Mediastinal Mass

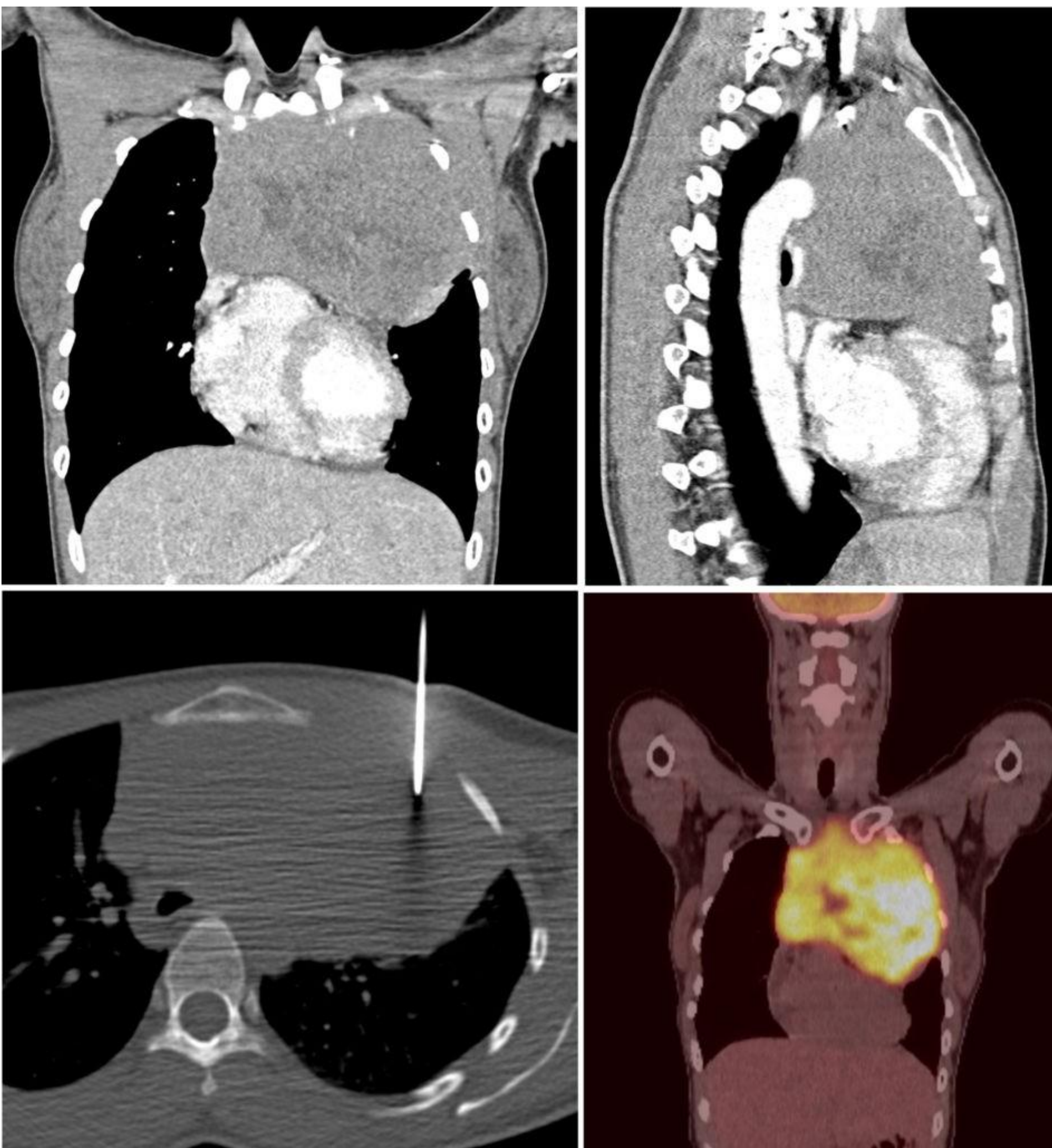


Fig. 2 CT coronal (left) and sagittal (right) images

Presentation

- He was found to have a left ureteral mass causing hydronephrosis
 - Planned to undergo cystoscopy and left diagnostic ureteroscopy with biopsy and stent
- Regional vs. GETA

Challenges

- The primary goal in this patient with a large anterior mediastinal mass was to maintain spontaneous ventilation and avoid large alterations in hemodynamics
- The first challenge was fluoroscopically guided epidural placement at a level least invaded by bony metastatic lesions
- The second challenge was obtaining an adequate level of surgical analgesia without comprising respirations or hemodynamics



Fig. 3 Fluoroscopically guided epidural

Operative Period

- Our patient remained awake while under epidural anesthesia
- T10 level of epidural blockade was achieved while maintaining stable hemodynamics
- While in a semi-recumbent position, he maintained spontaneous respirations and remained comfortable throughout the procedure

Conclusions

The optimal anesthetic management of a patient with an anterior mediastinal mass who presents to the operating room for surgery presents unique challenges to the Anesthesiologist. This case highlights the utility of epidural anesthesia in a patient with a complex medical history and an anterior mediastinal mass.

References

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