

Superior Socio-Medical Alternative to Feeding Gastrostomy and Jejunostomy in Advanced Esophago-Gastric Junction Adenocarcinoma

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Abstract

Introduction: The diagnosis of esophago-gastric junction adenocarcinoma often occurs when the neoplastic process is surprised in advanced stages and blocks the esophageal-gastric junction causing dysphagia, stages in which curative therapy is more likely impossible to be accomplished. In these cases, the treatment goal is mainly to provide feeding capacity as naturally as possible and to start the adjuvant oncological treatment. The use of endoscopic esophageal prostheses provides the patient with the possibility to be fed orally and with a good social integration, but due to the technical incapacity to cross the tumoral stenosis with the endoscope, or due to the endoscopist's concerns regarding the "sensitive" areas (poles of the esophagus), there are reluctances in respect to this method (on average 20%).

Material and Method: We conducted a retrospective study aimed to determine the optimal therapeutic modality depending on the evolutive stages of the disease and to analyse the justification of the original procedure of laparogastrosopic esophageal stenting through tumoral drilling as a technical alternative to the "reluctances" or failures of endoscopic prosthesis and as a biological and social solution to the disabling gastrostomy for patients with advanced esophageal-gastric junction adenocarcinoma.

Results and Discussions: Staging was disarming, most patients were diagnosed in advanced stages, fact also supported by literature. Regarding esophageal stenting by transtumoral drilling, the results are significant especially in terms of postoperative morbidity.

Conclusions: Although our study regarding laparogastrosopic stenting by transtumoral drilling in esophago-gastric junction adenocarcinoma is limited, this original procedure brought us satisfaction whenever we used this approach.

Key words: esophago-gastric junction adenocarcinoma, transtumoural drilling, laparogastrosopic esophageal stenting, minimally invasive palliation

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