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Esophagectomy in Esophageal Cancer - is there an Optimal Approach?

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Abstract

Introduction: Esophageal cancer is a public health problem, with increasing incidence and postoperative morbidity over the past recent years. Although a number of new surgical techniques, including minimally invasive surgery, have been developed, mortality and morbidity have remained elevated. The element that seems to influence the early postoperative morbidity and mortality is the method of approach.

Material and Methods: retrospective observational study which is carried out in the period 2003-2012 including esophageal neoplasm patients operated in the First Surgical Clinic - Hospital "Sf. Spiridon", Iaşi. 140 patients were included, of which only 33 have received surgery with curative aim.

Surgical technique: we consider 2 techniques in our study: transhiatal (TH) technique (without opening the chest) followed by esophagoplasty with cervical anastomosis and transthoracic esophagectomy (TT) with intrathoracic or cervical anastomosis.

Results: We performed 57.58 % (n = 19) of interventions by TT versus 42.42% (n = 14) by TH. The overall rate of postoperative morbidity rate was 78.8% (n = 26). Overall early postoperative mortality rate was 15.5% (n = 5) caused by pleuropulmonary sepsis (2 cases), lung emboli (1 case) and sepsis caused by anastomotic leak (2 cases).

Conclusion: TT and TH esophagectomy have precise indications in esophageal surgery for malignancies, the mortality and morbidity rate being strongly influenced by the surgical approach.

Key words: transhiatal esophagectomy, transthoracic esophagectomy, esophageal cancer, mortality, approaches

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