

RIGHT VIDEO-ASSISTED THORACOSCOPIC SURGICAL APPROACH TO A GIANT SOLITARY FIBROUS TUMOR OF THE ESOPHAGUS

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BACKGROUND

Solitary fibrous tumours (SFTs) are fibroblastic mesenchymal neoplasms commonly found in the visceral pleura, upper respiratory tract, and lungs.¹ However, their presence in the esophagus is exceptionally rare, with only a few reported cases.²⁻⁴ This video outlines our specific surgical approach for treating this rare tumour.

METHODS

A case report supplemented by a video presentation was prepared after obtaining informed consent from the patient.

CASE SUMMARY

- 57-year-old man with a history of dysphagia to solid food for two years.
- Gastroscopy revealed a pedunculated large polyp at 25 cm from the incisor (Figure 1).
- The patient underwent successful right video-assisted thoracoscopic surgery (VATS) with endoscopic localization (Video).
- Longitudinal myotomy at the level of the polyp followed by esophagotomy, exteriorization of the polyp, division of the overlying mucosa and vascular pedicle using an ultrasonic energy scalpel.
- Closure of the esophageal wall in layers.
- Post-resection gastroscopy, confirmed complete polyp resection with a negative air leak test.
- The patient recovered without complications.

CASE SUMMARY

- Swallowing Barium study on day 5 showed mild focal narrowing with no evidence of leak (figure 2).
- Pathology confirmed the diagnosis of SFT in the esophagus with negative margins.



Figure 1: Endoscopic view of the polyp stalk, at 25cm from the incisors. The stalk occupies about 25% of the esophageal circumference, and the overlying mucosa appears normal.

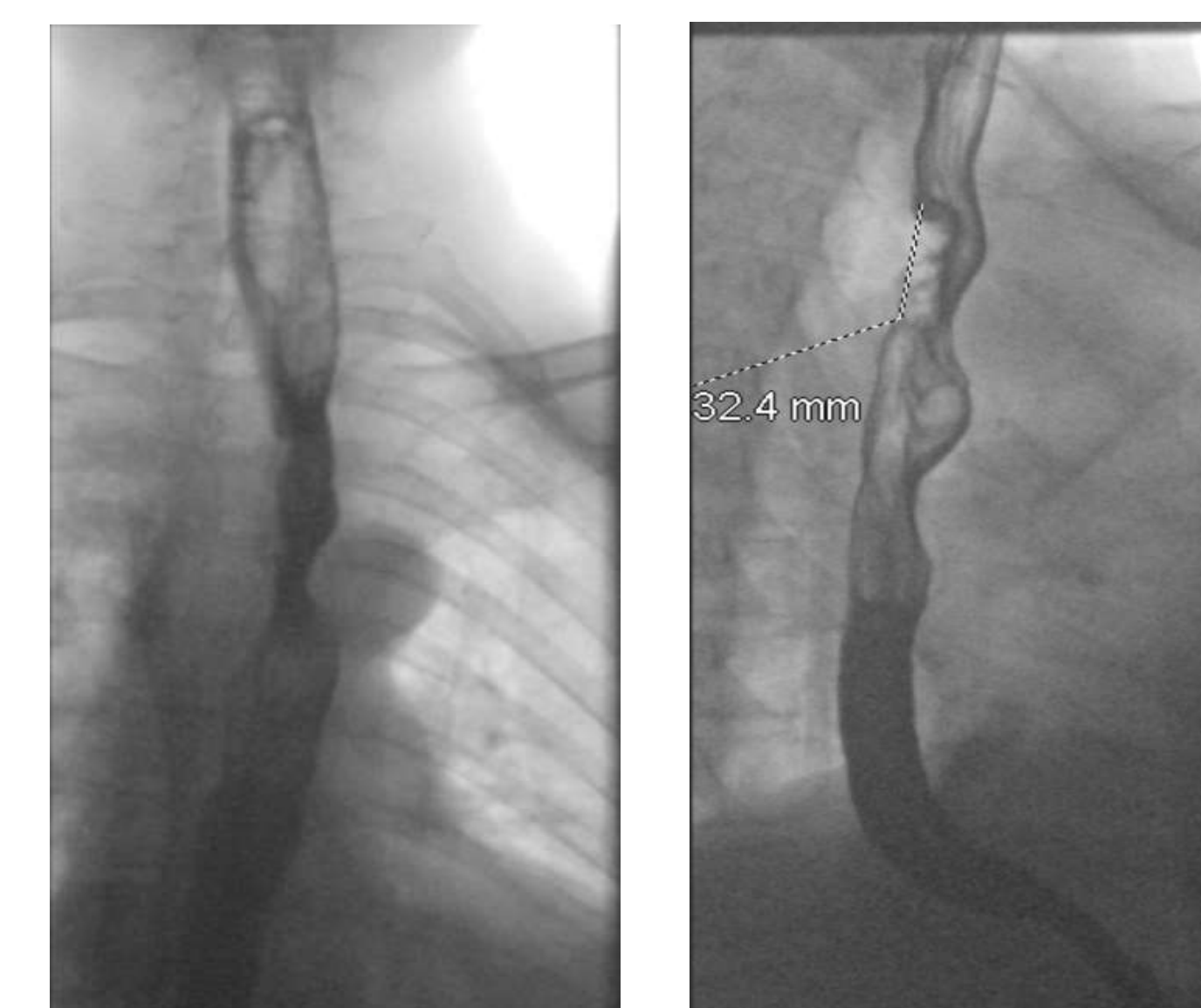


Figure 2: Esophagogram post polyp resection and primary repair. There is mild focal narrowing at the site of the repair; However, No evidence of leak.

CONCLUSIONS

Esophageal SFT represents an exceptionally rare neoplasm. This video presentation demonstrates the viability of a minimally invasive approach in effectively managing these infrequent tumors.

REFERENCES

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