



EARLY RESULTS OF LAPAROSCOPIC GASTRECTOMY FOR ADVANCED ADENOCARCINOMA OF ESOPHAGO-GASTRIC JUNCTION (AEG) WITH NEOADJUVANT CHEMOTHERAPY

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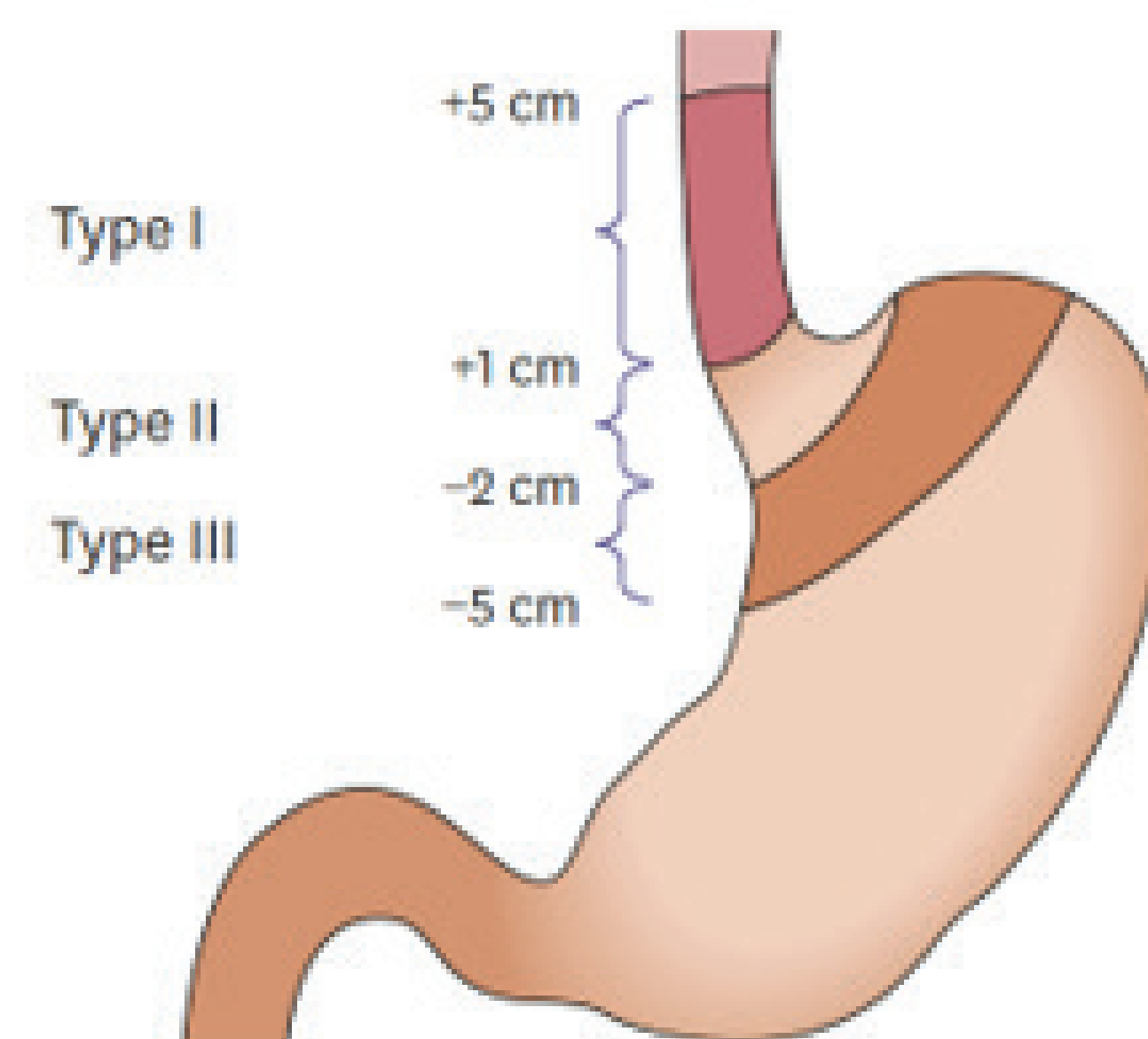
INTRODUCTION & AIM

Adenocarcinoma of esophago-gastric junction (AEG) is still one of the most difficult surgical situation in gastric cancers as its variable classifications and managements. Reports of results of laparoscopic surgery for advanced AEG are still limited especially for those with neoadjuvant chemoradiation therapy.

Aim: To evaluate the resectability and early results of laparoscopic surgery (LS) for advanced AEG with neoadjuvant chemotherapy (neoCx).

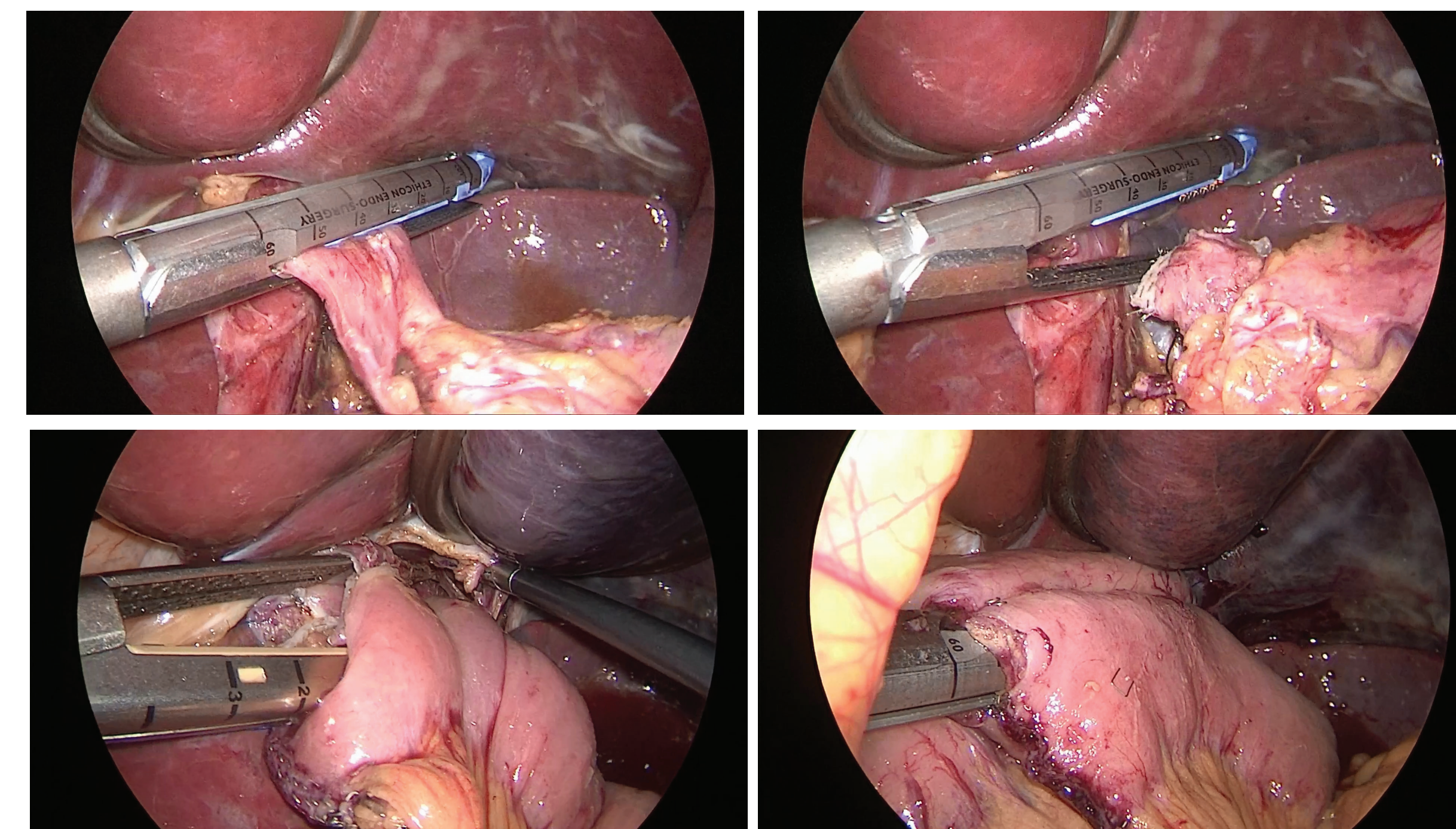
METHODS

Siewert classification



From February 2017 to August 2019, at Choray hospital, 22 patients with advanced AEG had been included into study. There were 16 males and 6 females. Patients' mean age was 62.3 ± 11.4 (46 – 83). Clinical T stages included 4 cases with cT2, 4 cases with cT3, 8 cases with cT4a and 3 cases with cT4b.

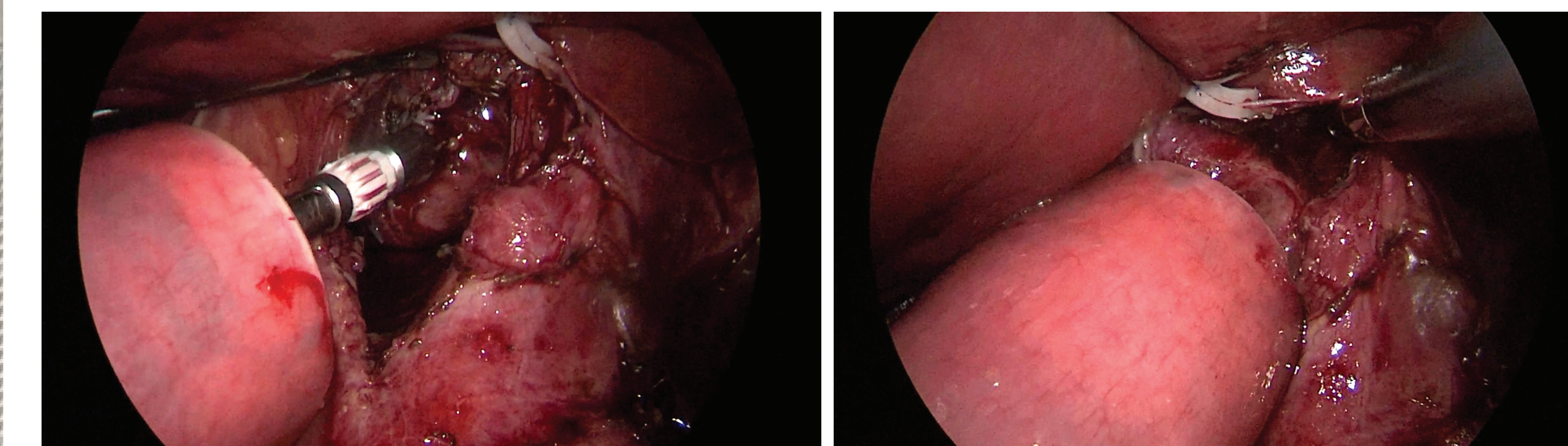
Exploratory laparoscopy had been done in 3 cases due to peritoneal metastasis. Laparoscopic proximal gastrectomy (LPG) with double tract reconstruction had been done in 1 case and laparoscopic total gastrectomy (LTG) had been done in 18 cases.



Double track esophageal-jejunal anastomosis by linear stapling and cutting device

Mean operation time for laparoscopic gastrectomy was 157 ± 16.9 mins (130 – 190). There was no conversion. Proximal resection margin were negative in all cases. Mean lymph nodes (LN) harvested were 9.3 ± 3.7 (5 – 20 LN). Mean LN metastasis were 3.8 ± 2.3 (0 – 13 LN).

There was no anastomotic leak after surgery. Overall morbidity was 0.9% (2 cases): one case with wound infection and 1 case with mild pneumonia. No operation mortality was noted.



Oval esophageal-jejunal anastomosis

CONCLUSIONS

LS with LTG or LPG for advanced AEG with neoCx is feasible and safe with good early results. LS is also benefit for those with peritoneal metastasis which was not detected before operation. Long term follow-up is necessary to evaluate oncological results as well as quality of life of these patients.

KEYWORDS

laparoscopic gastrectomy, advanced adenocarcinoma of esophago-gastric junction, neoadjuvant chemotherapy

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