

ENDOSCOPIC VACUUM THERAPY FOR ESOPHAGEAL LEAK FOLLOWING ESOPHAGECTOMY

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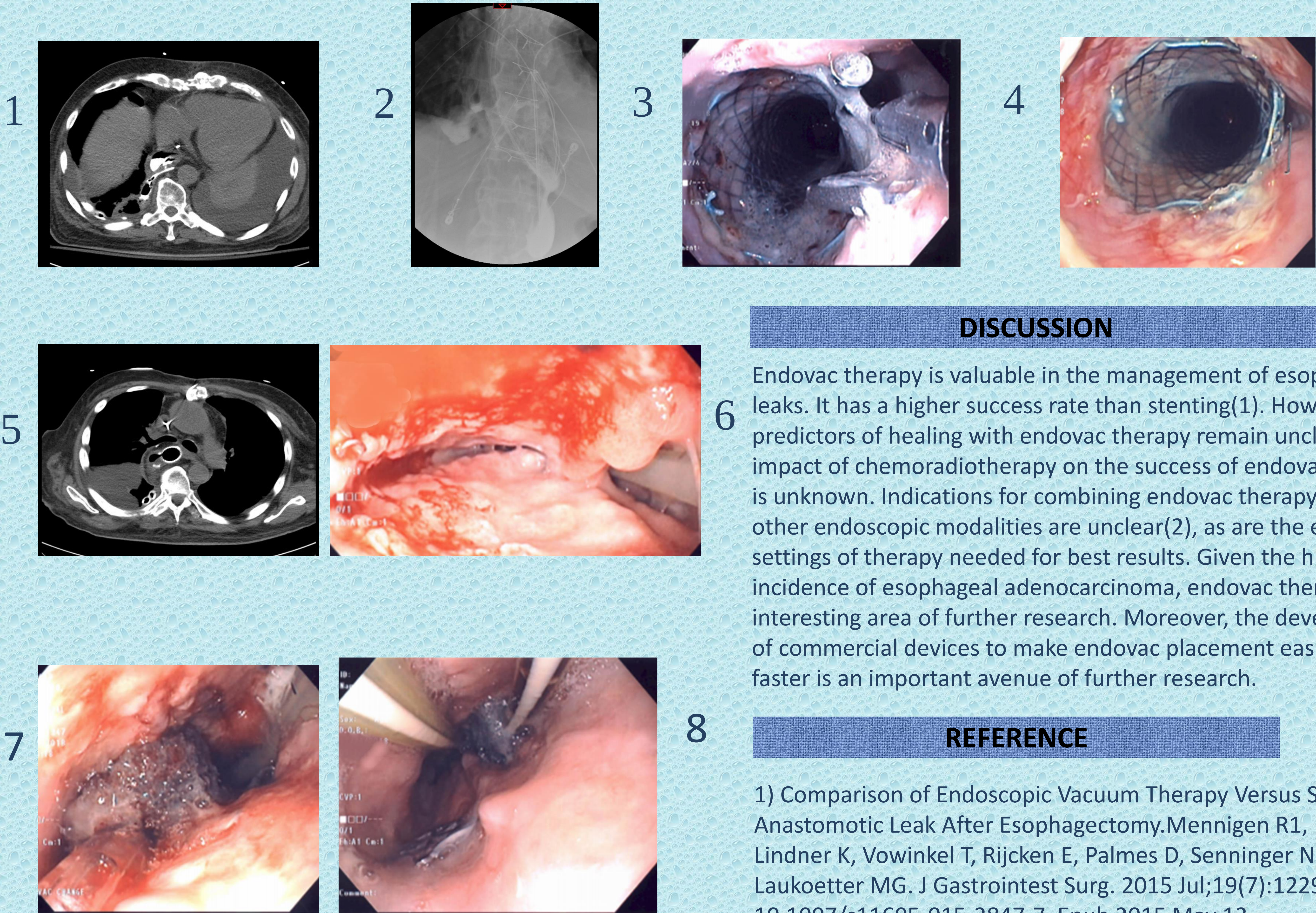
INTRODUCTION

Esophageal leaks cause 40% of the mortality after esophagectomy(1). Treatment options include surgical repair, endoscopic stents or clips and endoscopic vacuum (endovac) therapy. The success rate of endovac therapy is 86.4% while that of stent therapy is 60.9%(1). We present a case of esophageal leak managed successfully by endovac therapy after failed endoscopic stenting and clipping.

CASE REPORT

A 70 year old male presented with moderate to poorly differentiated lower esophageal adenocarcinoma (40 cm from incisors) stage T3N1, after neoadjuvant chemoradiotherapy. He underwent Ivor Lewis esophagogastrectomy. The conduit was anastomosed to the proximal esophageal stump using 45 mm EndoGIA stapler, in side to side fashion. Postoperatively, the patient had a leak at the anastomotic site on POD 5, seen on imaging. He underwent EGD on POD 6 showing 3 cm ulcer with fistula at anastomotic site (30 cm from incisors). He received a fully covered metal stent 23 French x 10 cm. He underwent successive stent exchanges with endoclip deployment for persistent leak. Subsequently, stents were removed and over the scope clips (Ovesco) were used. Due to persistent leak, endovac therapy was begun on POD 35. A polyurethane sponge tied to a 14 French nasogastric tube was placed within the fistula cavity outside the esophageal lumen and connected to continuous suction at 150 mm Hg and changed every 3 days. The endovac was discontinued after 35 days ie 11 applications. Imaging showed resolution of leak. The patient started oral diet and was discharged to LTAC on hospital day 84. He was followed in office for 3 months after discharge.

Figure 1 Postoperative CT scan with leak seen; Figure 2 Postoperative upper GI contrast study with leak seen; Figure 3 and 4 Stent and clips placed with fistula cavity lateral to it; Figure 5 CT scan with stent in place; Figure 6 Fistula cavity seen on endoscopy; Figure 7 Fistula cavity with endovac sponge in place within it; Figure 8 Fistula cavity with endovac sponge in place within it



DISCUSSION

Endovac therapy is valuable in the management of esophageal leaks. It has a higher success rate than stenting(1). However, predictors of healing with endovac therapy remain unclear. The impact of chemoradiotherapy on the success of endovac therapy is unknown. Indications for combining endovac therapy with other endoscopic modalities are unclear(2), as are the exact settings of therapy needed for best results. Given the high incidence of esophageal adenocarcinoma, endovac therapy is an interesting area of further research. Moreover, the development of commercial devices to make endovac placement easier and faster is an important avenue of further research.

REFERENCE

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