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TRANSHIATAL ESOPHAGECTOMY AND GASTRIC ASCENT IN THE TREATMENT OF BENIGN STENOSIS. A 6- YEAR RETROSPECTIVE STUDY.

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INTRODUCTION

Since the introduction of laparoscopy in esophageal resections (1995), there has been improvement in terms of approaches, instruments, and the quality of anastomoses and this is reflected in better results, early discharges, improvement in quality of life and patient comfort Gastric transposition is a surgical procedure that involves relocating a portion of the stomach. The most common application of gastric transposition is to reconstruct the esophagus, which may have been damaged or removed due to Benign Esophageal Stricture, Refractory GERD, Caustic Ingestion, Refractory Achalasia, Esophageal Trauma, Barrett's Esophagus, Complications of Endoscopic Procedures, Esophageal Carcinoma. Gastric transposition has advantages over other methods such as colonic interposition, including lower complication rates and short recovery times.

Objetive

Retrospective research was conducted to share our experience of esophageal replacement by trans-hiatal retrosternal approach among patients with benign esophageal lesions.

Methods

It was a 6-year retrospective study that was carried out in the department of general and minimally invasive surgery of the Hospital Juárez de México, where the records of patients with benign esophageal stenosis treated with laparoscopic gastric lift, who were admitted to our hospital, were reviewed. service from February 2016 to August 2021. 80% of the stenoses were due to caustic ingestion and 20% due to refractory achalasia. It was a series of cases, where 10 patients were included.

Results

A total of 10 patients were included in the study, 70% were men while 30% were women, the average age was 42 years, minimally invasive retrosternal transhiatal esophageal replacement was performed in 100% of the cases. With a total average surgical time of 220 min, hospital stay <5 days, bleeding 120 ml, and oral initiation time <4 days.Among the complications, it occurred in 30% of the total sample (3 patients), who presented: Esophageal stenosis 66% (2 patients) with subsequent early dysphagia and leak from the anastomosis 33% (1 patient) with subsequent fistula formation.

CONCLUSION

Esophageal replacement in developing countries is a surgical challenge due to lack of experience and resources, however, in this context, gastric transposition restores effective gastrointestinal continuity with few complications, oral feeding and adequate weight gain are achieved in most patients. Therefore, it is a suitable surgical alternative for esophageal replacement in the hands of experts and minimally invasive reference centers.

In this series of cases of laparoscopic gastric lifts in a Third Level Hospital in Mexico City, it was possible to report shorter surgical times, less bleeding, shorter hospital stay and earlier initiation of the oral route, than that reported in the international literature. regarding the open surgery technique.

