Complex Esophageal Surgical Reconstruction Outcomes In Latin American Hospital : A 6-year Retrospective Study

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INTRODUCTION

When issues arise within the esophagus, whether benign or malignant, alternative methods for obtaining nutrition must be evaluated, such as gastrostomy tubes or jejunostomy tubes, however, if the esophagus is removed, then esophageal reconstruction must be considered.

The main indications for esophageal reconstruction after esophagectomy includes tumor excision, corrosive injury, radiation damage, and congenital disease.

Esophageal reconstruction is a demanding technique that entails challenging surgical skills for surgeons. Numerous surgical approaches have been described throughout the literature, each with comprehensive and specific benefits.

OBJETIVE

Determine the outcomes of esophageal reconstruction using a trans-hiatal retrosternal approach in patients with benign esophageal lesions.

METHODS

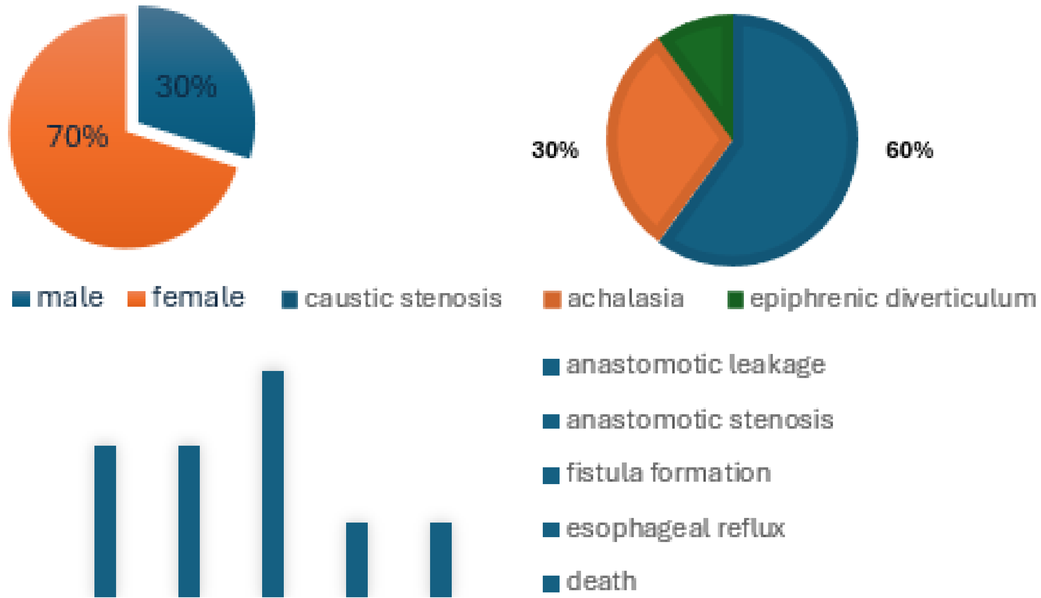
The retrospective study that was carried out in the department of general and minimally invasive surgery at Public Health hospital of Mexico City between 2017 to 2022. The medical records of patients treated for esophageal replacement were reviewed. Follow-up patients were called for clinical evaluation and evaluated for long-term complications.

RESULTS

The retrospective study included ten patients; 71.42% were female, and 28.5% were male. The age median was 42 years.

Esophageal reconstruction by a minimally invasive transhiatal approach was conducted in 100% of the patients included in the study. The surgical time was 220 minutes, and the patient averaged six days in the inpatient setting; diet by oral intake was initiated on the third day after surgery. The surgical indications for the procedure were caustic stenosis (60%), achalasia (30%), and epiphrenic diverticulum (10%).

The complications described among our population were anastomotic leakage (20%), anastomotic stenosis (20%), fistula formation (30%), esophageal reflux (10%), and death (10%).



DISCUSSION

Complex esophageal reconstruction is defined as restoring esophageal continuity, The stomach appears to be a better visceral esophageal substitute, because it allows an initially easier technical operation and superior long-term functional results. which is advanced cephalad into the posterior mediastinum, The relative ease of utilizing the stomach based on its location, blood supply, and single anastomosis makes it the most common and reliable option.

We report the cases of 10 patients with complex benign esophageal disease who required radical surgical reconstruction. Esophageal reconstruction by a minimally invasive transhiatal approach was conducted in the patients included in the study

CONCLUSION

Our Retrospective study describes the clinical experience of a minimally invasive Hospital Center. The outstanding outcomes of gastric transposition as an esophageal replacement technique highlight its clinical and surgical value in simplicity, reproducibility, and complication rates among patients with benign esophageal disease.