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Clinical study on surgical treatment of esophageal carcinoma in patients after subtotal gastrectomy

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Abstract

AIM: To study the cause and surgical treatment outcome of esophageal carcinoma in patients after sub-total gastrectomy.

METHODS: Seventeen patients with esophageal carcinoma after sub total gastrectomy was studied. Of the 17 patients, 15 were male and 2 were female. The lesions (of gastrectomy) included 13 cases of gastroduodenal benign pepticulcer and 4 cases of cardiac carcinoma. The types of gastrectomy performed were: B Ⅰ in 2 patients, B Ⅱ in 11 patients and proximal subtotal gastrectomy in 4 patients. The interval between subtotal gastrectomy and esophageal carcinoma for benign lesions was from 7 to 27 years (mean 16.2 years) and malignant lesion within one year for three patients, and four years for 1 patient. Recurrenct anastomatic carcinoma was 2 and 11 years. Of these cases, five lesions located at upper thoracic segment; 10 at middle thoracic segment and 4 at lower thoracic segment. In operation group (13 cases) incisions include right postero-lateral thoracotomy, upper abdominal and left neck incision. The lesions were resected, and transverse and descending colon were brought to the neck to make anastomosis with esophagus. Anastomosis of celiac colon with the remaining stomach were performed in five patients. In 3 patients the lesion was removed through thoraco-abdominal insection the remaining stomach, with spleen and caudal portion of pancreas were moved into the left thorax and anastomosis of esophagus with the remaining stomach above the arotic was performed, and Roux-en-Y jejunojejunostomy as well. One patient for esophagogastretomy up the arotic and Roux-en-Ye esophagojejunostomy in three patients. One patients only received laparotomy. Four patients (nonoperation) received chemotherapy and radio-therapy.

RESULTS: For nonoperation group, one patient with early lesion survival 4 years, the other three patients died of metastasic carcinoma within one year. In the whole group of patients who underwent surgery 7 out of 13 patients died, including two patients died from the operation (serious pulmonary in fection. Pneumomycosis and ARDS). 3 patients survival 1 year and sixteen mo, 1 patient 3 years. Another six years and two mo. Six patients are still alive, two of them more than two years, one survival more than nine years and one mo, and two more than ten years. The results of treatment were satisfactory.

CONCLUSION: The incidence rate of esophageal carcinoma in patients with subtotal gastrectomy is 5.54 per cent (17 *vs* 307). It is almost certain that esophageal carcinoma is associated with subtotal gastrectomy. Not only are these patients predisposed to carcinogenicity, but also there is a dose-effect relationship between them. Esophageal carcinoma is strongly correlated with subtotal gastrectomy B Ⅱ or proximal subtotal gastrectomy. After the initial subtotal gastrectomy type B Ⅰ or Roux-en-Y jejunojejunostomy is the choice of procedure for alimentary tract reconstruction. Transplanting the remaining stomach together with spleen and caudal portion of pancreas into the left thoracic cavity, and esophago--gastrectomy with remaining stomach and Roux-en-Y jejunojejunostomy forms a new operative way which we recommended as an ideal procedure.

Key words: Esophageal neoplasms/surgery; Gastrectomy; Anastomosis, Roux-en-Y

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