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Laparoscopic retrosternal gastric pull-up for fistulized mediastinal mass

Benedetto Mungo, Arianna Barbetta, Anne O Lidor, Miloslawa Stem, Daniela Molena

Abstract

We describe the case of a patient successfully reconstructed with laparoscopic retrosternal gastric pull-up after esophagectomy for unresectable posterior mediastinal inflammatory myofibroblastic tumor, eroding into the esophagus and compressing the airways. A partial esophagectomy with esophagostomy was performed for treatment of esophageal pleural fistula and empyema, while the airways were managed with the

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tients with a body mass index of 40 or more who failed medical attempts at weight loss, 5 fully treated by laparoscopic gastric pull-up for esophageal replacement. than with the blind conventional mediastinal dissection, with less abdominal complications, re-fistulized and required a revision 2