Erratum

In Eur. Surg. Volume 34, Issue No. 4, pp. 248–249, Table 1 and 2 were missing. The correct abstract is shown below. The publishers do apologize for this error.

Minimally Invasive Surgery for Oesophageal Cancer

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Background: Oesophagectomy is associated with significant risk of operative morbidity and mortality. To minimise invasiveness, thoroscopic and video-assisted oesophagectomy or mediastinal dissection are performed and described by some authors. Its role is still controversial.

Methods: In this paper we describe our experience in four patients with squamous cell cancer of the oesophagus, that were treated by thoroscopic oesophagectomy. Furthermore we discuss the expertise published in the literature.

Results: Personal Experience: Four male patients with squamous cell cancer of the upper and middle part of the oesophagus underwent thoroscopic esophagectomy. Four or five trocars were used. After dissection of the azygos vein, the tumour and neighbouring lymph nodes were mobilised. Radical lymphadenectomy was time consuming and technically difficult. The median time for thoracoscopy was 150 minutes. There were no complications in respect to the endoscopic method, but all patients needed prolonged treatment in an intensive care unit due to pulmonary complications. One patient died two months after sur-

gery from necrotising pancreatitis. Two patients had tumour recurrence 10 and 11 months after surgery.

Expertise in the literature: Thoroscopic and video-assisted methods published in the literature are summarised in Table 1. Table 2 shows the results of the three largest series.

Conclusions: Thoroscopic esophagectomy provides a safer and oncologically more complete resection, compared to the "blunt dissection". Therefore this technique appears beneficial mainly for oesophageal cancer in the upper thoracic level, if thoracotomy should be avoided, and for staging in special cases. Radical resections, as demanded in the literature, could be realised only by a small number of surgeons and in limited groups of patients. Noteworthy was the short time to tumour recurrence in some series (5, 6).

References

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Table 1. Endoscopic and thoracoscopic methods for the treatment of oesophageal cancer.

Method	Author	Reference
Endoscopic microsurgical dissection of the esophagus	Buess et al.	(2)
Videoassisted transhiatal esophagectomy	Coral et al.	(3)
Laparoscopic mobilization of the stomach	Jagot et al.	(4)
Thoracoscopic (video-assisted, en-bloc) esophagectomy	Lawet et al., Kawahara et al., Akaishi et al.	(6) (5) (1)
Totally Ivor-Lewis esophagectomy	Watson	(7)

Table 2. Minimally invasive surgery for oesophageal cancer: Review of literature.

Author	Method	n	Operating time	Complications	mortality	Follow-up
Law (6)	Radical thoracoscopic esophagectomy	22	110 minutes	–	0	6 local recurrences (9–15 months)
Kawahara (5)	Radical thoracoscopic video-assisted esophagectomy	23	111 minutes	Recurr. Nerve palsy 5, tracheal injury 1, thoracic duct fistula 1	0	5 local recurrences (2–10 months)
Akaishi (1)	Radical thoracoscopic en-bloc total esophagectomy	39	200 minutes	Recurr. Nerve palsy 7, pulmonary complications 9	0	–