The myth of the short esophagus

I read with interest the recent article by Madan et al. which suggests that the incidence of short esophagus (SE) is much lower than that reported by a number of recently published trials [1]. The authors retrospectively reviewed 628 funduplications and found no cases of SE. I feel uncomfortable with their contention that “with proper mobilization, clinically the entity described as “short esophagus” may not exist [2]. The Madan study contradicts data from the literature that 3–14% of patients who undergo antireflux surgery have a SE [1]. Most esophageal surgeons would not agree that different techniques and methods were developed and perfected throughout the years to treat a nonexistent condition.

Madan et al.’s claim that they have performed proper esophageal mobilization in all patients [2] needs additional data regarding the extent of intraoperative dissection and how the gastroesophageal junction was identified: Was this accomplished by identifying the angle of His, the oblique sling muscle fibers, the phrenoesophageal attachment, or another method? Was intraoperative endoscopy used to locate the gastroesophageal junction? Clarification regarding the patients’ preoperative characteristics including risk factors for SE would also be helpful.

Madan’s 100% success in mobilizing a minimum of 3–5 cm of the abdominal esophagus is, to the best of my knowledge, unmatched among the published series. I am curious to know what criteria were used to determine that esophageal mobilization was performed adequately and tension-free. The conclusions reported by Madan et al. must be reviewed cautiously until all the above raised concerns are addressed.

References

1. Demeester SR, Demeester TR (2003) The short esophagus: going, going, gone? *Surgery* 133: 364–367
2. Madan AK, Frantzides CT, Patsavas KL (2004) The myth of the short esophagus. *Surg Endosc* 18: 31–34

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