

Minimally invasive Ivor–Lewis esophagogastrectomy for gastric cardia cancer

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Received: 9 June 2008 / Accepted: 21 March 2009 / Published online: 19 May 2009
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Abstract

Introduction Gastric cardia cancer with involvement of the esophagus may require an esophagogastrectomy to obtain negative tumor margins. Multiple studies have shown that minimally invasive esophagectomy is a safe approach for the treatment of esophageal cancer [1–3]. We describe the technique of a minimally invasive Ivor–Lewis esophagectomy in a 55-year-old patient with a gastric cardia tumor.

Methods In the laparoscopic phase, diagnostic laparoscopy was negative for metastasis. The stomach and distal esophagus were mobilized. The stomach was divided distal to the tumor and a thin gastric conduit was created. The specimen was removed through an extended abdominal port. In the thoracoscopic phase, the esophagus was mobilized. To ensure adequate proximal margins the esophageal stump was divided 1 cm below the azygous vein. A gastroesophageal anastomosis was created using a circular stapler.

Results Total operative time was 210 min (laparoscopic time, 135 min; thoracoscopic time, 75 min). There were no intraoperative complications. Tumor margins were negative and there were 44 lymph nodes harvested. On postoperative day 2 the patient was transferred to the surgical floor

and started on enteral feeds. On postoperative day 4 the esophagram was negative for leaks or obstruction. Patient was started on an oral diet and discharged on postoperative day 5. Final pathology revealed a T3N1M0 (stage III) gastric cardia tumor. The patient underwent adjuvant chemoradiation therapy and at 15 months postoperatively the patient was recurrence free.

Conclusion We recently reported our experience with 104 minimally invasive esophagectomy procedures, of which seven patients had a diagnosis of gastric cardia cancer [4]. The mean number lymph nodes harvested was 23 ± 12 . Minimally invasive Ivor–Lewis esophagogastrectomy for the treatment of gastric cardia cancer is technically feasible and safe for large gastric cardia tumors.

Keywords Laparoscopy · Thoracoscopy · Esophagectomy · Minimally invasive esophagectomy · Ivor–Lewis esophagectomy · Gastric cancer

Presented at the Society of American Gastrointestinal Endoscopic Surgeons Annual Video Plenary Session, Philadelphia, PA, April, 11th 2008.

Electronic supplementary material The online version of this article (doi:10.1007/s00464-009-0483-6) contains supplementary material, which is available to authorized users.

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