ASO AUTHOR REFLECTIONS

ASO Author Reflections: Focusing on the Anastomosis or the Other Way Around?

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PAST

For patients with synchronous hypopharyngeal and esophageal cancer, total pharyngolaryngectomy with esophagectomy is indicated to eradicate both malignancies at the same time. Nevertheless, anastomotic leakage remains an important issue after gastric tube pull-up for alimentary tract reconstruction after the surgery.¹ With the improvement of surgical technology and perioperative care, various methods and equipment have been developed to decrease the risk of anastomotic leakage and enhance tissue healing.^{2,3} The role of negative pressure wound therapy has not been evaluated in these patients on a larger time scale.

PRESENT

This study was approved by the institutional review board of National Cheng Kung University Hospital (A-ER-109-421). In their report,⁴ the authors propose an algorithmic approach using continuous negative pressure wound therapy (NPWT) immediately after the surgery to prevent deadly complications secondary to anastomotic leakage. By facilitating the tissue healing process and

enhancing early mobilization, this approach decreased the chance of leakage-associated morbidity and collectively improved overall survival.

FUTURE

This study⁴ demonstrated the survival benefit of NPWT. Nonetheless, anastomotic leakage, especially delayed leaks, still matters. Further research is warranted to deal with this issue. The promising results of this study should be confirmed in large prospective series.

DISCLOSURE There are no conflicts of interest.

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