MODIFIED METHOD FOR PREVENTING INTRAPLEURAL ESOPHAGOGASTRIC ANASTOMOSIS LEAKAGE AFTER LEWIS OPERATION: NATIONAL CANCER CENTER EXPERIENCE

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The aim of the study was to improve the results of the Lewis operation by reducing the incidence of esophagogastric anastomosis leakage and postoperative mortality in EC.

Methods and materials.

From January 2019 to March 2022, 197 patients with thoracic esophageal cancer had surgery with curative intend in the Department of Thoracic Oncology of the Republican Scientific and Practical Medical Center of Oncology and Radiology of the Ministry of Health of the Republic of Uzbekistan. All patients underwent transthoracic esophagectomy (TTE) (Lewis operation) with forming a modified intrapleural anastomosis according to the clinic's technique (No. FAP 01746). There were 87 men (44.2%), 110 women (55.8%), the average age was 58.2 years (from 28 to 72 years). Of the 197 patients, mid-thoracic esophageal cancer was diagnosed in 22 (11.2%), lower thoracic esophageal cancer in 50 (25.4%) patients, and mid-lower thoracic cancer was diagnosed in 125 (63.4%) patients. Distribution of patients by tumor stage: I - 3 (1.5%), II - 82 (41.6%), III - 112 (56.8%).

RESULTS.

Overall postoperative complications were noted in 37 (18.8%) patients. The severity of postoperative complications was assessed according to the Clavien-Dindo's classification. We did not take into account complications of grade I, due to the unreliability of their reflection in the patient's medical history, as well as in view of their relative clinical insignificance (complications that do not require drug treatment or surgical, endoscopic, radiological interventions, as a rule, do not extend the postoperative hospital stay). Significant complications of grade III and higher in the total cohort were recorded in 23 (62.1%) of 37 patients. Grade IIIa complications were observed in 10 (27.02%) cases, IIIb – in 1 (1.7%) case. Grade IVa was recorded in 1 (2.7%) and IVb was recorded in 1 (2.7%) patients. Grade V postoperative complications were noted in 10 (27%) cases, which led to death. The average duration of postoperative hospital stay was 9.2 bed-days.

Conclusions: According to gained results, the most effective method for treating esophageal cancer is surgery in the volume of transthoracic subtotal esophagectomy (Lewis type) with two-level two-zone lymph node dissection (2F), which is in line with the conclusions of the world's leading hospitals.

Postoperative complications were observed in 37 (18.8%) operated patients. With the introduction of a new method for preventing intrapleural EGA leakage, the last has not been observed in last 3 years. Another serious surgical complication after Lewis-type surgery was perforation of the apex of the gastric transplant, which we observed in 2 cases (1.0%). Postoperative mortality was 10 (5.1%) cases.