

2023 대한심장혈관흉부외과학회

제55차 추계학술대회 & APELSO 2023

2023. 11. 02 (Thu) - 11. 04 (Sat), 그랜드 인터컨티넨탈 파르나스 서울

The body composition changes according to thoracic duct resection during esophagectomy

공지사항

- 소속기관이나 저자명이 드러나지 않도록 해주세요.
- 제목 슬라이드 포함 최대 6장, Font size 20 이상
- PPT 파일 작성 후 PDF로 전환해서 접수(필수)



- The **thoracic duct resection (TDR)** is unavoidable for sufficient locoregional control during radical en bloc esophagectomy. However, there are concerns about potential negative impact from TDR on body composition and survival.
- Recent studies have revealed that assessing **body composition changes** plays an important role in nutritional evaluation, and TDR is associated with survival along with reduction in body weight and fat mass.
- However, the effect of thoracic duct resection on nutritional status has not been established.
- We aimed to compare the body composition change by InBody Scale according to the thoracic duct resection during esophagectomy.

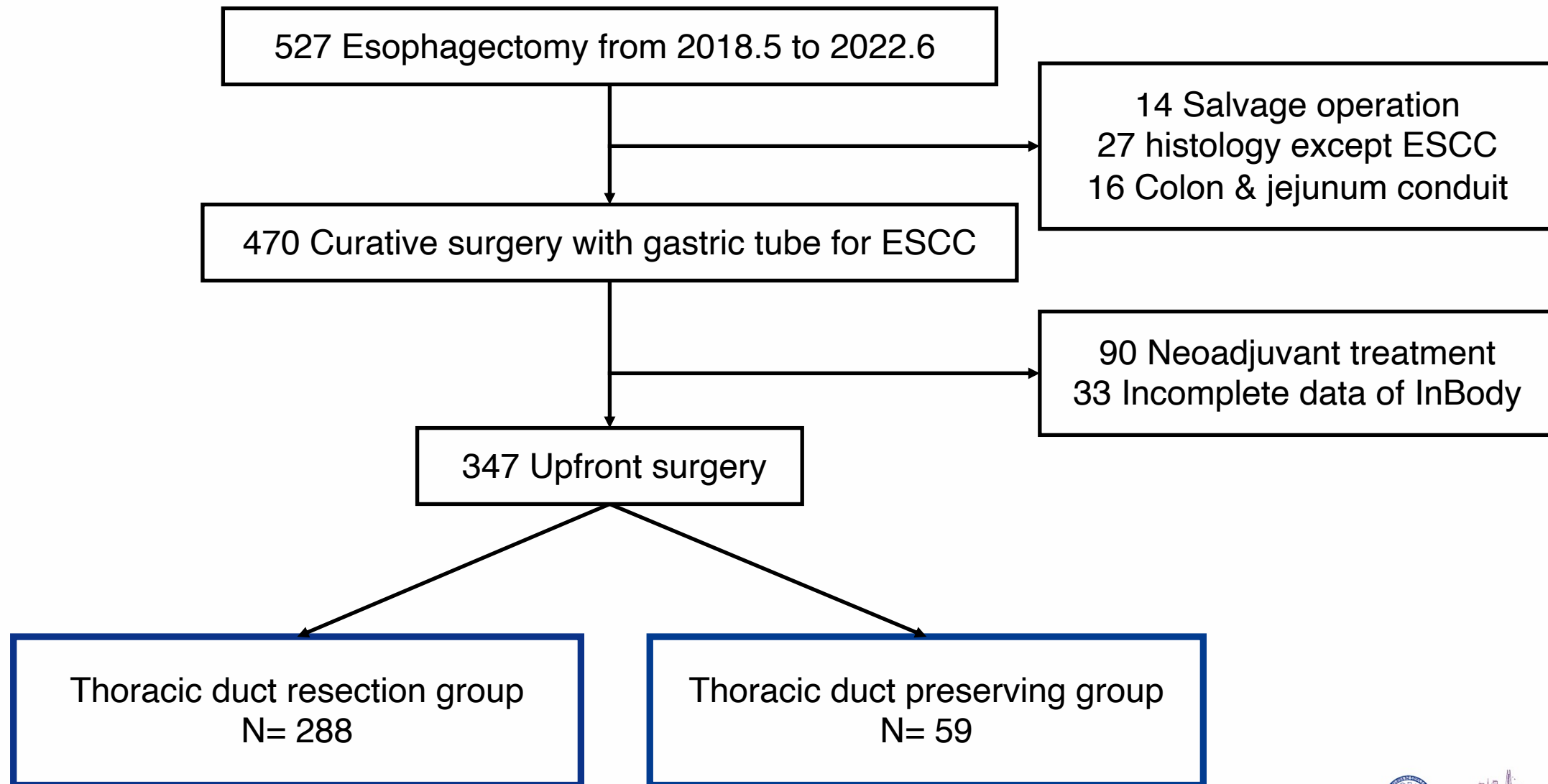


Table 2. Operative and pathological findings

Table 1. Clinical profiles of the patients

Variables	Thoracic duct preserving (n = 59)	Thoracic duct resecti on (n = 288)	p
Age, year	64.7 ± 8.7	63.6 ± 7.8	0.318
Male	54 (91.5%)	259 (89.9%)	0.893
Tumor location			1.000
Cervical	2 (3.4%)	2 (0.7%)	
Upper thoracic	8 (13.6%)	40 (13.8%)	
Middle thoracic	25 (42.4%)	135 (46.9%)	
Lower thoracic	21 (35.6%)	103 (35.5%)	
Esophagogastric junction	3 (5.1%)	8 (2.8%)	
Clinical T stage			1.000
is	1 (1.7%)	0 (0.0%)	
1a	19 (32.2%)	42 (14.6%)	
1b	29 (49.2%)	116 (40.3%)	
2	3 (5.1%)	60 (20.8%)	
3	6 (10.2%)	70 (24.3%)	
4a	1 (1.7%)	0 (0.0%)	
Clinical N stage			0.015
0	51 (86.4%)	195 (67.2%)	
1	7 (11.9%)	77 (26.7%)	
2	1 (1.7%)	16 (5.6%)	
Clinical Stage			1.000
0	1 (1.7%)	0 (0.0%)	
IA	19 (32.2%)	61 (21.2%)	
IB	27 (45.8%)	71 (24.7%)	
IIA	2 (3.4%)	35 (12.2%)	
IIB	5 (8.5%)	80 (27.8%)	
IIIA	3 (5.1%)	30 (10.4%)	
IIIB	1 (1.7%)	11 (3.8%)	
IIIC	1 (1.7%)	0 (0.0%)	

Variables	Thoracic duct preserving (n = 43)	Thoracic duct resection (n = 118)	p
Operative name			1.000
McKeown	56 (94.9%)	285 (99.0%)	
Ivor-Lewis	2 (3.4%)	3 (1.0%)	
Transhiatal	1 (1.7%)	0 (0.0%)	
Thoracic approach			1.000
Robot	46 (78.0%)	197 (67.9%)	
Thoracoscope	5 (8.5%)	47 (16.3%)	
Open	7 (11.9%)	44 (15.3%)	
Pathologic T stage			1.000
is	2 (3.4%)	4 (1.4%)	
1a	20 (33.9%)	54 (18.8%)	
1b	27 (45.8%)	120 (41.7%)	
2	3 (5.1%)	35 (12.2%)	
3	5 (8.5%)	72 (25.0%)	
4a	1 (1.7%)	1 (0.3%)	
4b	1 (1.7%)	2 (0.7%)	
Pathologic N stage			0.002
0	43 (72.9%)	132 (45.8%)	
1	9 (15.3%)	94 (32.6%)	
2	4 (6.8%)	42 (14.6%)	
3	3 (5.1%)	20 (6.9%)	
Pathologic stage			1.000
0	2 (3.4%)	6 (2.1%)	
IA	9 (15.3%)	27 (9.4%)	
IB	32 (54.2%)	76 (26.4%)	
IIA	0 (0.0%)	10 (3.5%)	
IIB	7 (11.9%)	84 (29.2%)	
IIIA	4 (6.8%)	40 (13.9%)	
IIIB	1 (1.7%)	21 (7.3%)	
IIIC	4 (6.8%)	21 (7.3%)	
IV	0 (0.0%)	3 (1.0%)	

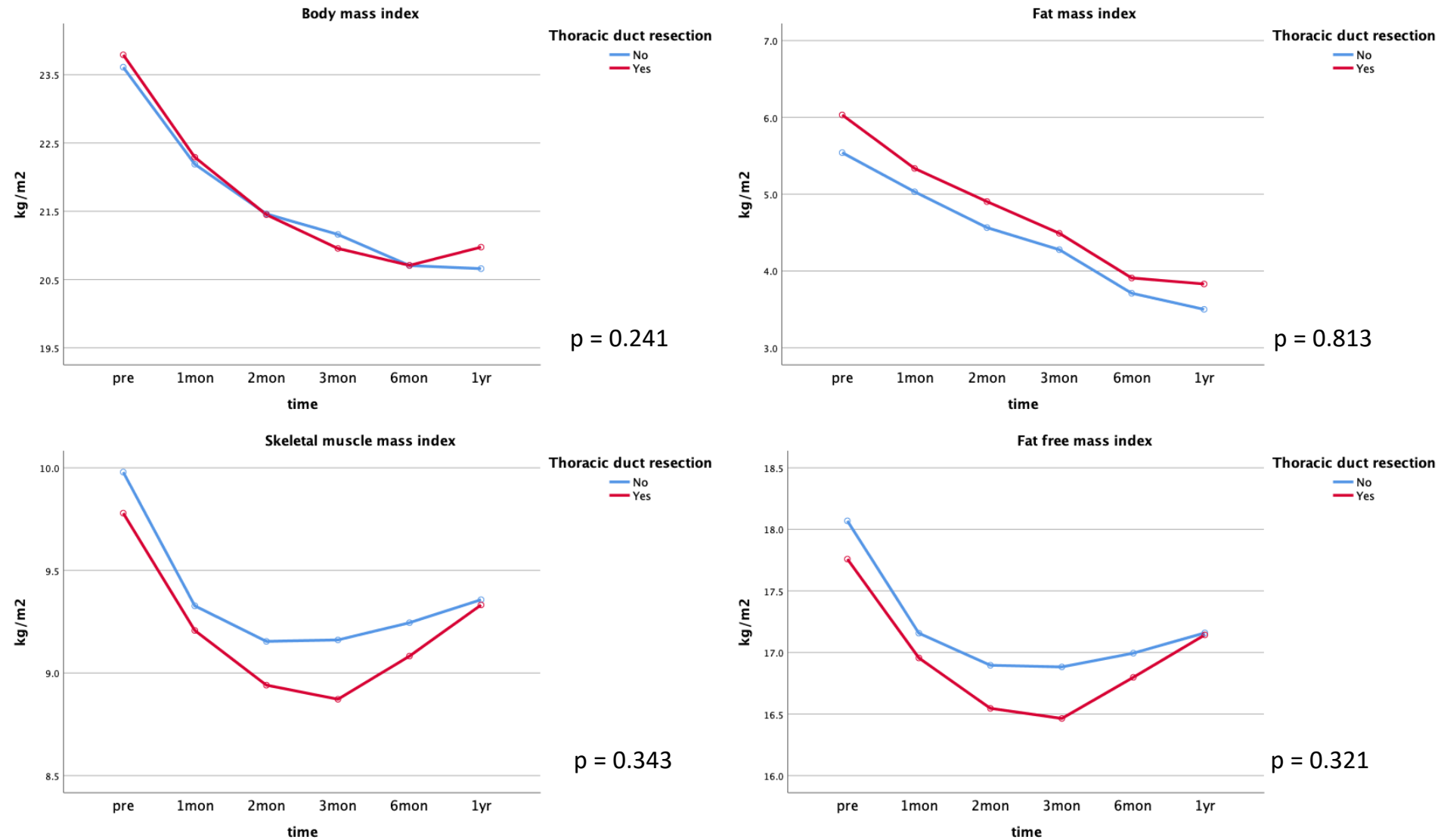


Figure. Body composition change (Body mass index, Fat mass index, Fat free mass index, Skeletal muscle mass index) of patient according thoracic duct resection during esophagectomy

- The body weight and fat mass continuously decreased over 1year after esophagectomy, and skeletal mass and fat free mass decreased after surgery and then increased around 3 months.
- The TDR is not related with negative impact on body composition change (Body weight, Fat mass, Skeletal muscle mass, Fat free mass) after esophagectomy.
- If TDR is surgically necessary, it is considered that TDR can be applied without concerns about nutritional problems.