

2023 대한심장혈관흉부외과학회

제55차 추계학술대회 & APELSO 2023

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

Gastric Conduit in Patients with Previous Endoscopic Resection of Stomach for Esophageal Squamous cell carcinoma

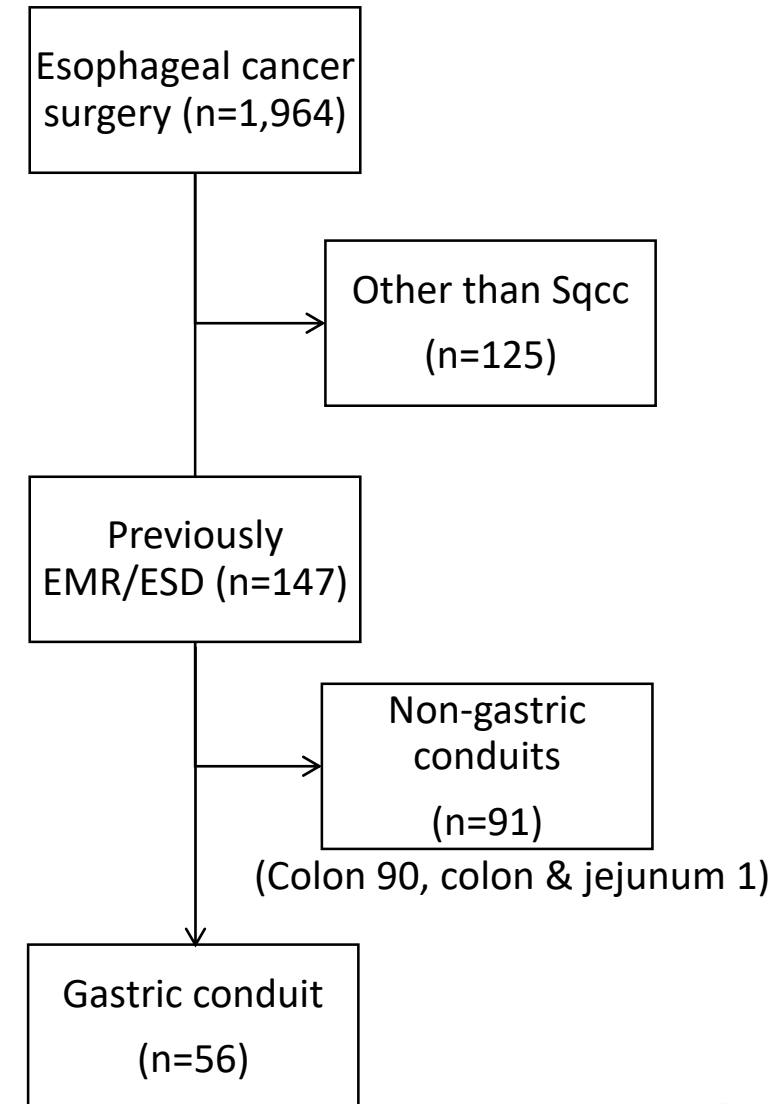
공지사항

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



- Endoscopic screening resulted increased population who have undergone endoscopic resection of gastric lesions.
- However, limited information is available regarding the use of gastric conduits previously undergone endoscopic resection in patients with esophageal squamous cell carcinoma (Sqcc).
- Therefore, this study aimed to investigate the outcomes of gastric conduit undergone endoscopic resection for esophageal reconstruction.

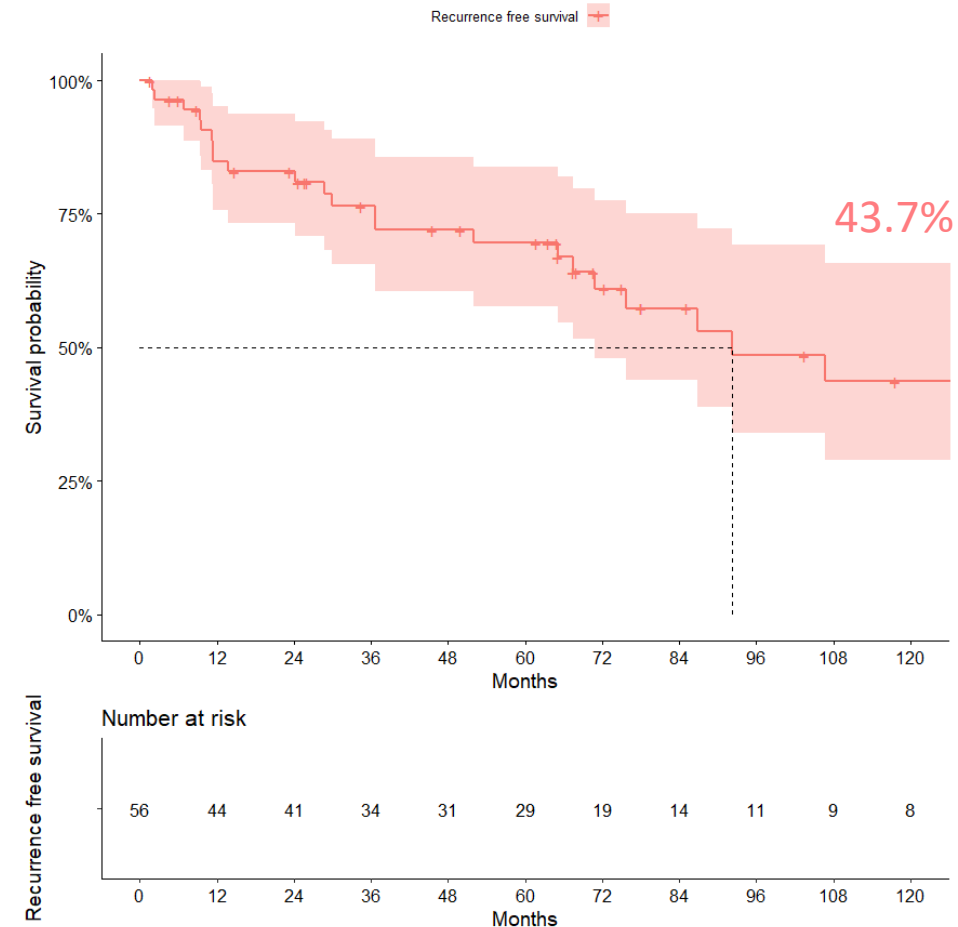
- Patients with esophageal squamous cell carcinoma (Sqcc)
- Esophageal reconstruction with gastric conduit
- Previously underwent endoscopic resection of gastric lesions
 - Endoscopic mucosal resection (EMR)
 - Endoscopic submucosal dissection (ESD)
- Between January 2006 and April 2023
- Definition - Recurrence of gastric conduit
: Any new lesions at gastric conduit



- 56 patients (aged 67.0 ± 6.5 years, 55 males)
- Metachronous gastric neoplasm : 5 patients (8.9%)

| Variable | N=56 |
|--|-----------|
| <i>Previous gastric lesion diagnosis</i> | |
| Early gastric cancer (%) | 32 (57.1) |
| Adenoma (%) | 23 (41.1) |
| Dysplasia (%) | 1 (1.8) |
| <i>Previous gastric lesion treatment</i> | |
| ESD (%) | 36 (64.3) |
| EMR (%) | 20 (35.7) |
| Esophageal operation | |
| Ivor Lewis procedure (%) | 38 (67.9) |
| Mckeown procedure (%) | 18 (32.1) |
| Robotic approach (%) | 21 (37.5) |
| VATS approach (%) | 1 (1.8) |
| Thoracotomy approach (%) | 34 (60.7) |

Recurrence-free survival of gastric conduit



Results - Metachronous gastric lesion

| Gastric recur (N=5, 8.9%) | Prior Gastric Dx | Prior Tx | Prior lesion location | Neoadjuvant Tx | pStage of Esophageal cancer | Post-procedure recur interval (months) | Postop recur interval (months) | Recur Dx | Recur Tx | New lesion location | Postop death interval (months) |
|---------------------------|------------------|----------|---|----------------|-----------------------------|--|--------------------------------|----------|-------------------------------|---|--------------------------------|
| Patient1 | EGC | ESD | Lower third, Low body, Lesser curvature | - | T0N0M0 | 14.47 | 13.7 | Adenoma | EMR | Lower third, Low body, Greater curvature | - |
| Patient2 | Adenoma | ESD | Mid third, Low body, Lesser curvature | CRTx | T0N0M0 | 71.87 | 67.5 | EGC | ESD → TG, Colon interposition | Upper third, High body, Greater curvature | - |
| Patient3 | EGC | ESD | Lower third, Antrum, Greater curvature | CRTx | T0N0M0 | 36.93 | 36.7 | Adenoma | ESD | Distal antrum, Greater curvature | - |
| Patient4 | EGC | EMR | Lower third, Antrum, Anterior wall | - | T1aN1M0 | 76.87 | 75.73 | EGC | ESD | Lower third, Antrum, Greater curvature | 89.4 |
| Patient5 | EGC | EMR | Mid third, Mid body, Lesser curvature | CRTx | T0N1M0 | 55.87 | 52 | Adenoma | APC | Lower third, Antrum, Lesser curvature | 167.6 |



- Esophageal reconstruction with gastric conduit in esophageal Sqcc patients who previously underwent endoscopic resection of gastric lesions could be a viable option, followed by regular endoscopic surveillance allowing early detection of metachronous gastric lesions and endoscopic curability.