An endoscopic salvage procedure for the treatment of regurgitation occurring after an unsuccessful esophagectomy with gastric tube reconstruction and subsequent colonic bypass surgery

Anastomotic leaks and strictures after esophagectomy are associated with high morbidity and mortality [1,2]. We present here a patient who had a subtotal esophagectomy with gastric interposition because of esophageal adenocarcinoma. Anastomotic leakage occurred and was treated by endoscopic applications of fibrin glue. One month after discharge she showed adequate efflux without filling of the sealed gastric tube (\(\text{Fig. 1}\)). She was therefore performed an endoscopic closure of the esophagogastric anastomosis, with de-epithelialization of the stenotic gastric tube and sealing with bucrylate and histoacrylate. Control radiography showed adequate efflux without filling of the sealed gastric tube (\(\text{Fig. 2}\)). She was able to resume normal oral feeding and her body weight stabilized. This endoscopic approach has not been described in the published literature before. It represents a useful alternative for the treatment of this serious clinical situation.

Rosch R et al. Novel endoscopic salvage procedure in a difficult case of post-esophagectomy regurgitation... Endoscopy 2007; 39: E270

References