

Particular aspects of endoprosthesis in malignant advanced pharyngeal-esophageal stenosis

A. Dumitra¹, A. Sabău¹, D. Maniu², F. Grosu², G. Smarandache³, E. Ursache³, L. Negrean⁴, M. Sava⁵, D. Sabău¹

¹Clinica Chirurgie 2, Spitalul Clinic de Urgență Sibiu, România

²Clinica Radiologie 1, Spitalul Clinic de Urgență Sibiu, România

³Clinica Chirurgie IV, Spitalul Universitar București, România

⁴Clinica de Gastroenterologie, Spitalul Universitar București, România

⁵Clinica ATI 1, Spitalul Clinic de Urgență Sibiu, România

Abstract

Introduction: The esophageal neoplasm is currently the seventh cause of death through cancer worldwide. In the developing countries it is situated on the fifth place and has one of the worst prognostics for a neoplasm. Due to the specific intrathoracic topography, clinically inaccessible and without symptoms, the disease is rather incurable when the dysphagia appears.

Material and Method: The esophageal prosthesis procedure through laparogastrosopic approach, used by us, is an original one, noninvasive, acknowledged both nationally and internationally. The endoprosthesis esophageal cases belong to three Clinics of Surgery (Clinic Surgery 2 from Sibiu, Clinic Surgery 1 from Braila, Clinic of Surgery 4, Bucharest) on a period of 14 years (1996-2009), identically coordinated.

Results and Discussions: Out of the 68 patients, 18 cases have been cancers situated in the medial and inferior third and 28 have been eso-cardial-tuberositary neoplasms. In the cases of the high malignant pharyngeal-esophageal stenosis, the placement of the prosthesis (different prosthesis adapted to this particular situation) in areas of aerodigestive junction implies significant technical difficulties especially in the option with the conservation of the larynx as a phonatory and respiratory solution.

Conclusions: Our original procedure, simple and efficient presents numerous advantages which allow the widening of the indications of stent gastroenterology: firm traction, the possibility of catheterism through narrow lumens of 1-2 mm, sometimes anfractuous, the distal visibility, the visual placement or expanding of the prosthesis, the evaluation of the intraoperative visceral or parietal metastasis and eventually the avoidance of the gastrostomic invalidation.

Key words: pharyngeal-esophageal malignant stenosis, transtumoral drilling, retrograde tumoral catheterism, laparoscopic endoprosthesis, minimally invasive palliation

Correspondență:

Asist. Univ. Dr. Anca Dumitra

Medic specialist chirurg

Universitatea Lucian Blaga, Facultatea de Medicină „Victor Papilian” Sibiu

E-mail: anca_dumitra@yahoo.com