Chirurgia (Bucur). 2018;113(2):192-201
http://dx.doi.org/10.21614/chirurgia.113.2.192

Neoadjuvant Radiochemotherapy for Patients with Locally Advanced Esophagogastric Junction Adenocarcinoma

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Abstract
Scope: neoadjuvant RCT influence on early and long term postoperative outcomes in patients with locally advanced esophagogastric junction adenocarcinomas.
Materials and Method: Sixty two patients with locally advanced esophagogastric junction adenocarcinomas were treated at the Center of Excellence in Esophageal Surgery at St. Mary Hospital between 2010-2017. According to the Siewert classification, the group comprised of type I - 11 patients, type II - 18 patients and type III - 33 patients. Only 17 patients received preoperative RCT. The surgical treatment for the 62 resected patients was: abdominal extended gastrectomy - 40 patients, Ivor-Lewis - 13 patients, McKeown esophagogastrectomy (3 incisions) - 5 patients and transhiatal esophagectomy - 4 patients.
Results: Postoperative morbidity was 46.77% and was mainly represented by fistulas in 17 patients and pulmonary complications such as pleurisy,pneumonia and ARDS in 12 patients. Fistula occurred in 15 cases: grade 1 - 2 patients, grade 2 - 10 patients, grade 3 - 5 patients. Postoperative mortality was 4.8% (p_value = 0.017980 Fisher's Exact Test). Downstaging was observed in 7 patients. I did not encounter statistically significant differences in long term survival.
Conclusions: Neoadjuvant RCT had no impact on postoperative morbidity, but statistically influenced postoperative mortality.
Key words: neoadjuvant radiochemoterapy, esophagogastric adenocarcinoma