

MEETING ABSTRACT

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# Esophageal resection in the elderly

G Sammarco\*, G Vescio, A Puzziello, E Marra, R Sacco

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## Background

The aging of the population and longer life expectancy entails an increased number of elderly patients with esophageal cancer and benign pathologies referred for surgical treatment. Esophageal cancer is a pathology that mainly involves elderly patients. The aim of this study is to assess the effects of age on the outcome of surgery for esophageal cancer and benign pathologies in patients treated in our department.

## Materials and methods

61 patients with esophageal pathology have been treated from 2001 to 2009 (23 benign; 38 malignant). Patients have been accurately examined in the pre-operative stage. According to our protocol patients underwent: oral cavity and septic cariogenic focuses drainage- correction of malnutrition and hydro-electrolytic imbalance- correction of possible immunodepression- respiratory preparation- antibiotic therapy of silent bronchopulmonary infections - deep venous thrombosis prophylaxis- concomitant pathologies treatment. We perform: total esophagectomy in cervical and thoracic carcinoma- subtotal esophagectomy with intrathoracic anastomosis in lower third carcinoma of the esophagus. Ways of access: laparotomy with right thoracotomy and presterno-cleidomastoid cervicotomy for total esophagectomies or left thoraco-phrenolaparotomy for subtotal esophagectomies with endothoracic anastomosis. Heller-Belsey myotomy in achalasia of the cardia- Belsey Mark IV antireflux procedure in hiatus hernia.

## Results

Global Mortality: 5% (this result is significantly correlated with the major complexity of the treatment which includes esophagectomy and consequent reconstruction). No cases of mortality related to non-resective

**Table 1 perioperative morbidity and mortality in order to surgical treatments**

Operation	N	Morbidity	Mortality
Esophagectomy(cervical anastomosis)	28	2(7%)	2(%)
Esophagectomy (thoracic anastomosis)	12	2(16%)	1(8%)
Heller	11	1(9%)	-
Mark IV	8	-	-
Myotonia-diverticulopessi	2	-	-
TOTAL	61	5(8%)	3(5%)

procedures such as myotomy and fundoplication have been registered (Morbidity: 8%), Table 1.

## Conclusions

Anastomotic leak and fistulization represent, in our experience and in those cases reported in the literature, the main complications in resective operations. Both morbidity and mortality reflect what has been reported in other case series; this led to consideration of the acceptability of the risk related to the esophageal surgery and the possibility to perform the thoracic access, in patients over 70 years of age, provided that some conditions such as the detection of preexisting and concomitant pathologies and an accurate preoperative preparation of the patient are met. Advanced age should not be relied on as a contraindication to esophageal resection especially if surgery represents the only possible way of treatment, as in the case of malignancy, but surgeon's efforts must be directed towards a meticulous pre-operative diagnosis and prophylaxis of comorbidities.

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Cattedra di Chirurgia Generale. General Surgery, "Magna Graecia" University, Catanzaro, Italy

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