Intrathoracic leak after an Ivor Lewis procedure for an esophageal neoplasm treated with a stent

Key words: Leak. Esophageal. Stent.

Dear Editor,

A 75-year-old patient with a history of ischemic heart disease, COPD and obesity underwent an Ivor Lewis-type distal esophagectomy with an esophagogastric anastomosis. Following an esophagogram on the 5th postoperative day, a contrast medium leak was observed which prompted a revision surgery. A 5-7 mm defect was found and repaired using a primary suture. A follow-up endoscopy revealed two leakage sites. A new attempt was made to repair the defect using diaphragmatic pleural interposition. He was transferred to our institution on the 72nd day after surgery and an upper digestive endoscopy was performed which revealed a 2.5 cm gap in the wall, for which a stent was placed. Although there was an initial clinical improvement, the patient relapsed with early-stage renal failure and poor hemodynamics, which prompted a new surgical procedure. The stent was exposed within the cavity (Fig. 1) and an esophagogastric anastomosis with GI disconnection was performed. The procedure was rounded up with cervical esophagostomy. The postoperative course was slowly favorable with sepsis resolution.

Discussion

Intrathoracic leakage is the most significant complication after esophageal surgery, with an incidence ranging from 3% to 25% according to various series. Multiple factors influence the management of this condition; patient clinical status, location, defect size and shorter time to diagnosis are the most important (1).

Establishing a specific regimen to resolve an Ivor Lewis-related intrathoracic leak is challenging. Stents provide better results when the time from diagnosis to stent placement is shorter and when the leakage size is smaller than 20 mm (2). While endoscopic techniques may contribute to resolving the issue in some cases, gastrointestinal disconnection may ultimately become the patient's only remaining option.

References


