The best method of the gastric tube reconstruction following three-phase esophagectomy could avoid invasion by mediastinal tumor recurrence. RS is the group in 6.8% of patients. Postoperative morbidities, and survival, were similar. Median survival was 20 and 64 months in RS and PM groups respectively (p = 0.01). PSM yielded 60 patients in each group. Postoperative morbidity and mortality rates, presence of recurrent tumor invasion of the conduit and overall survival were compared between the two groups. Further analyses were made after propensity score matching (PSM).

There were 89 patients in the RS and 266 in PM groups. R0 resection rates were 47.2% and 89.1% in the RS and PM groups, respectively (p < 0.01). Anastomotic leak occurred more frequently in RS group at 16.9% vs. 6.8% (p = 0.07) while cardiac complications were fewer; 19% vs. 32%, (p = 0.02). 90-day mortality rates were ~4% in both groups. Median survival was 20 and 64 months in RS and PM groups respectively (p < 0.01). PSM yielded 60 patients in each group. Postoperative morbidities, and survival, were similar. Mediastinal tumor recurrences infiltrated the gastric conduit only in the PM group in 6.8% of patients.

When corrected for selection biases, RS and PM routes did not differ in post-operative morbidity and mortality rates. Placing the gastric conduit in the RS route could avoid invasion by mediastinal tumor recurrence. RS is the preferred route of reconstruction after a three-phase esophagectomy.

628. THE BEST METHOD OF THE GASTRIC TUBE RECONSTRUCTION FOLLOWING THREE-PHASE ESOPHAGECTOMY

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The retrosternal (RS) and posterior mediastinal (PM) routes can be chosen for gastric conduit reconstruction following three-phase esophagectomy with cervical anastomosis. It is controversial if the choice of reconstruction route would affect the operative outcome. This study aims to evaluate the surgical outcome by comparing the routes of reconstruction.

Between 2002 and 2019, patients who underwent esophagectomy with cervical anastomosis and gastric conduit reconstruction via the retrosternal (RS) or posterior mediastinal (PM) route for esophageal squamous cell cancer were included. Clinicalpathological data were analyzed from a prospectively managed database. Postoperative morbidity and mortality rates, presence of recurrent tumor invasion of the conduit and overall survival were compared between the two groups. Further analyses were made after propensity score matching (PSM).

There were 89 patients in the RS and 266 in PM groups. R0 resection rates were 47.2% and 89.1% in the RS and PM groups, respectively (p < 0.01). Anastomotic leak occurred more frequently in RS group at 16.9% vs. 6.8% (p = 0.07) while cardiac complications were fewer; 19% vs. 32%, (p = 0.02). 90-day mortality rates were ~4% in both groups. Median survival was 20 and 64 months in RS and PM groups respectively (p < 0.01). PSM yielded 60 patients in each group. Postoperative morbidities, and survival, were similar. Mediastinal tumor recurrences infiltrated the gastric conduit only in the PM group in 6.8% of patients.

When corrected for selection biases, RS and PM routes did not differ in post-operative morbidity and mortality rates. Placing the gastric conduit in the RS route could avoid invasion by mediastinal tumor recurrence. RS is the preferred route of reconstruction after a three-phase esophagectomy.

628. THE BEST METHOD OF THE GASTRIC TUBE RECONSTRUCTION FOLLOWING THREE-PHASE ESOPHAGECTOMY

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As a postoperative complication of esophageal cancer, anastomotic leakage (AL) is a serious complication that affects not only the delay in the start of oral intake but also the prognosis. Anastomotic stenosis (AS) also has a significant effect on postoperative quality of life. The blood flow evaluation of gastric tube was introduced for the purpose of improving these, and then the anastomosis method was changed from hand-sewn to Collard’s modified method.

Esophageal cancer patients who underwent gastric tube reconstruction as a radical operation for esophageal cancer during the period from January 2017 to November 2021 were included (n=120). The blood flow evaluation of gastric tube using the ICG was started in 2019, and the anastomosis method was changed from hand-sewn to Collard modified method from April 2021. These patients were divided into 3 groups and the surgical results were compared and examined. Group A (without blood flow evaluation, hand-sewn): 55 cases, Group B (with blood flow evaluation, hand-sewn): 42 cases, Group C (with blood flow evaluation, modified Collard method): 23 cases.

In the blood flow evaluation of gastric tube, the A and B groups were compared, and the AL incidence rate tended to be higher in the B group (A/B: 18.2%/33.3%, p = 0.087). The incidence of AS was significantly higher in group B (A/B: 32.7%/66.7%, p = 0.001). There was no difference in the incidence of AL between groups B and C (B/C: 33.3%/26.0%, p = 0.586). The incidence of AS was significantly lower in group C (B/C: 66.7%/5.9%, p < 0.001). The incidence of AL was compared by anastomotic method, but no difference was observed (P = 0.444). In addition, there was no difference in postoperative complications.

It is considered that the modified Collard method could reduce AS because a constant anastomosis diameter could be maintained even when a difference in diameter between the esophagus and the gastric tube was observed during the anastomosis. However, both AL and AS have increased due to the evaluation of gastric tube blood flow, and it is necessary to review the blood flow evaluation method.

629. TRENDS AND ESOPHAGEAL FINDINGS IN UPPER ENDOSCOPY AT MNAZI MMOJA HOSPITAL, ZANZIBAR

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The Zanzibar islands are a group of islands found off the coast of East Africa. The main referral hospital is based on Unguja Island and this is the only government hospital with gastroenterologists and endoscopy services. Many patients may go for long periods before gaining access to these services.

This paper aims to describe trends and esophageal findings in upper endoscopy as well as describe a case study of adenocarcinoma of the esophagus.

Data was collected retrospectively from January 2014 to December 2021. Records were reviewed to assess total number of endoscopies done as well as to determine the diagnosis of those with esophageal findings. The total number of endoscopies combines both upper and lower endoscopy. The following data were registered total number of endoscopies, cancer of esophagus, esophagitis, esophageal varices as well as any other esophageal disorder diagnosis found.

A total of 2959 endoscopies were undertaken between January 2014 to December 2019. Of those 176 were found to have an esophageal abnormality although specific diagnosis was missing for records from the years 2015, 2016 and 2017.

The commonest disorder was esophagitis followed by esophageal cancer and varices. Other disorders were much rarer and are placed under the category others which include submucosal tumors, Mallory-Weiss tears, esophageal stricture and fistula.

There has been a gradual increase in the number of endoscopies done over the period of 2014 to 2021. Despite previous beliefs, esophageal varices and infectious causes were not the commonest finding. Esophagitis and esophageal cancer were common in our setting and causes should be determined.

631. OPERATIVE OUTCOMES OF ROBOTIC GASTROPEXY IN THE TREATMENT OF GIANT PARAESOPHAGEAL HERNIA IN PATIENTS WITH PREDOMINANTLY OBSTRUCTIVE SYMPTOMS

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Our approach to the repair of giant paraesophageal hernia (GPEH) has undergone a paradigm shift. In cases with predominantly obstructive symptoms, following hernia repair, we have transitioned from a mandatory antireflux procedure to a comprehensive extended gastropexy. Further, we have successfully adopted the robotic platform, faithfully replicating the antireflux procedure to a comprehensive extended gastropexy. Further, we have successfully adopted the robotic platform, faithfully replicating the antireflux procedure to a comprehensive extended gastropexy.