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229. WEST-CHINA MODE IN MEDIASTINOSCOPE-ASSISTED TRANSHIATAL ESOPHAGECTOMY: A MORE MATURE AND VERSATILE TRANSHIATAL ESOPHAGECTOMY PROCEDURE

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Background: Mediastinoscope-assisted transhiatal esophagectomy (MATHE) is the most minimally invasive esophagectomy procedure. It is a more challenging procedure and more difficult to be popularized than thoracoscopic surgery. We developed a new MATHE operation mode that provides a clearer visual field and makes the procedures simpler.

Methods: A total of 48 patients with esophageal cancer were divided into a control group (n = 29) and a study group (n = 19). The control group underwent classic MATHE, while the study group received modified MATHE. We compared the two groups on operation time; intraoperative blood loss; blood transfusion amount; incidence rate of lung infection, recurrent laryngeal nerves (RLNs) injury, chylothorax, and anastomotic leakage; and upper mediastinal lymph node dissection.

Results: The study group was significantly better than the control group in operation time (273.94 min vs. 322.90 min, p < 0.05), intraoperative blood loss (46.84 mL vs. 68.97 mL, p < 0.05), and left paratracheal lymph node (No. 4 L) dissection rate (84.21% vs. 24.14%, p < 0.01). No significant differences were identified in the incidence rate of anastomotic leakage, lung complications, or RLNs injury between the two groups.

Conclusion: The modified MATHE is easier to perform. Modified MATHE is significantly superior to classic MATHE in operation time, intraoperative blood loss, and upper mediastinal lymph node dissection rate.