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317. A NOVEL TECHNIQUE OF ‘SUPERCHARGED ELONGATED GASTRIC TUBE’ FOR THE MANAGEMENT OF CORROSIVE PHARYNGEAL STRICTURE

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Oesophageal reconstruction using various visceral conduits is the preferred treatment for the management of dysphagia secondary to corrosive oesophageal strictures. In patients with isolated oesophageal stricture colon and stomach are the most commonly used visceral conduits. However, management of patients with long oesophageal strictures with proximal extent at the hypopharynx is even more complicated. A long replacement conduit is required and most are managed by colopharyngoplasty. The options in patients who lack an available functional colon for oesophageal replacement are very limited and may include a combination of gastric pullup with interposition free jejunum or myocutaneous flaps. These operations are complex and often require a two-stage approach. We herein describe a novel single stage approach of using ‘supercharged elongated gastric tube’ for oesophageal replacement in a patient with unavailable colon.