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Simultaneous Total Esophagectomy and Anterior Mediastinal Tracheostomy for Recurrent Laryngeal Cancer Extended to the Superior Mediastinum

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Abstract
Recurrent laryngeal cancer has an incidence of 25-50% and a 23-35% five-year survival rate. Surgery is the best treatment in order to control local recurrence. Herein, we present our surgical strategy for a patient with a history of modified radical laryngectomy for laryngeal cancer and with recurrent tumor at the cervical tracheostomy site extended to the thoracic trachea and esophagus. The wide resection included the sternal manubrium, the upper thoracic trachea, the entire esophagus and the upper mediastinal lymph nodes. The reconstruction included anterior mediastinal tracheostomy and esophagoplasty with pedicled colonic graft simultaneously with pectoralis major flap for covering the sternal defect.
Key words: recurrent laryngeal cancer, anterior mediastinal tracheostomy, esophagoplasty, colonic graft