Chirurgia (Bucur). 2018;113(1):144-155
http://dx.doi.org/10.21614/chirurgia.113.1.144

Early Postoperative Complications of Thoracic Esophageal Diverticula: A Review of 10 Cases from "Saint Mary" Hospital, Bucharest, Romania

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Abstract
Introduction: Thoracic esophageal diverticulum is a rare pathology frequently associated with esophageal motility disorders. Surgery is the only option in patients with severe symptoms.
Method: This is a retrospective case series study of 10 patients who underwent diverticulectomy for thoracic (epiphrenic or mid-esophageal) diverticula. It was recorded: main preoperative symptoms, usual blood tests, barium swallow, upper endoscopy and esophageal manometry. We analyzed the postoperative complications, length of stay in hospital and intensive care unit.
Results: Most patients presented with regurgitation and/or dysphagia. The surgical approach was through left thoracotomy or abdominal for epiphrenic diverticula and through right thoracotomy or thoracoscopy for mid-esophageal diverticula. 4 patients had severe complications: 3 had major leaks (one death) and one had chylothorax.
Discussions: Surgery for thoracic diverticula is associated with high mortality and morbidity rates. Leak from the suture line is the most common complication, unlike chylothorax which is a rare complication.
Conclusions: Thoracic diverticula represent a benign pathology which can have „malignant" post-operative complications. A thorough preoperative work-up is mandatory for choosing the appropriate surgical technique. Use of multiple cartridges for stapling suture increase the risk of leakage, but oversewing the suture may diminish it.
Key words: thoracic esophageal diverticulum, diverticulectomy, leakage, chylothorax