

### **Laparogastroscopy and Esophageal Stenosis**

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### **Abstract**

*Purpose:* An original technique using laparoscopic instruments in a gastric endocavitary work chamber with potential for esophagus, stomach and D1 vizualisation. The main purpose of laparagastroscopy is to improve the quality of life of the patient disabling by the esophageal tumor. This method has several advantages: providing physiological feeding, harvesting materials for histopathological examination, solving eso-tracheal fistulas concurrently with the proposed operation and hemostatic role through compression, low energy and plastic consumption, rapid socio-economic reintegration, mental psychological care of the patient.

*Patients and Methods:* The paper deals with 162 cases with different tumors of the esophagus, patients with different grades of esophageal stenosis, different stages of esophageal neoplasm. Both the patients with eso-tracheal fistulas and those with gastro- or jejunostoma were included.

*Results:* From 162 cases, 33 cases (20%) with cervical esophageal neoplasm, 66 (41%) cases with thoracic esophageal neoplasm and 63 (39%) cases with abdominal esophageal neoplasm. The histopathological type is 37% adenocarcinomas and 63% squamous carcinomas. From total number of cases, 87 (54%) had no metastasis, and 75 (46%) had secondary determinations. The most frequent localization of metastasis was pulmonary, followed by liver (Fig. 1) and bone. The analysis of this intervention has shown that complications have been much lower both in terms of their numerical value and their severity, a longer survival time with a much higher satisfaction index is ensured.

*Conclusion:* Esophageal endoprosthesis (EPE) through laparagastroscopic approach should be a a reserve procedure instead of a disabling gastrostomy or jejunostomy. EPE is an extremely effective procedure specially by keeping the physiology of food bowl. The approach is minimally invasive with minimal attack on the body with significant plastic and aesthetic reductions. This procedure allows the prosthesis to be viewed both during and after stenting to check its correct position. This method increases the survival time by keeping a relatively normal regimen

**Key words:** oesophageal endoprosthesis, laparo gastroscopy