

Postoperative Esophageal Leaks in Malignant Pathology – Optimal Management: A Systematic Review

Rodica Birla¹, Petre Hoara¹, Daniela Dinu¹, Cristian Rosianu², Silviu Constantinoiu¹

¹Center of Excellence of Esophageal Cancer, “Sf. Maria” Hospital,
“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

²Gastroenterology Department, “Sf. Maria” Hospital, Bucharest, Romania

Abstract

Background and Aims: Postoperative esophageal leaks are one of the major causes of postoperative mortality and morbidity. The purpose of this study was to review current knowledge of current methods of diagnosis and management of postoperative esophageal leaks.

Methods: A systematic literature search was performed in the PubMed/Medline database using the terms “postoperative esophageal leaks” and “postesophagectomy complications” to identify articles relevant to the current diagnostic and prophylactic and curative treatment of post-oesophagectomy anastomotic fistulas.

Results: Several papers have shown that the incidence of fistulas varies and is dependent on several factors: the location of the anastomosis, the type of suture used, the biological condition of the patient. Due to the severity of the mediastinal anastomotic fistula, great importance is being given to the methods of preventing its occurrence by intraoperative testing or improving the gastric tube vascularity. The most recent articles present endoscopic methods of treating this complication by using coated esophageal stents and endoluminal vacuum therapy.

Conclusion: In patients with mediastinal postoperative esophageal fistulas, diagnosis and management represent a real challenge for the surgeon-endoscopist-therapist team. The early diagnosis and the establishment of an optimal therapy to address the parietal defect and the biological status of the patient are mandatory conditions for resolving this postoperative complication.

Key words: esophageal leaks, postesophagectomy complications, esophageal stents, esophageal cancer