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TÍTULO: Gastric Conduit Retrosternal Bypass

OBJECTIVO: We present the case of a 49 year-old male with complaints of dysphagia and food impaction after an esophagectomy for esophageal cancer in 2012. Esophagogastroscopy was performed and it showed stenosis of the gastric conduit that started approximately at 23 cm from the incisors. Repeated dilatations were made with only temporary improvements. After almost three years of repeated monthly dilatations, with severe weight lost and no signs of cancer recurrence, he was proposed for surgery. He had history of silicosis complicated with pachypleuritis, therefore the retrosternal approach was chosen.

MATERIAL E MÉTODOS: The operation started with a left lateral cervicotomy and the cervical esophagus was identified and mobilized. Then the incision was prolonged, resulting in a cervicosternolaparotomy (left lateral cervicotomy with sternotomy and a midline laparotomy). The right colon and the terminal portion of the ileum (3-4 cm; preserving the ileocecal valve) were mobilized and placed in a retrosternal position. A manual single-layer anastomosis was performed between the cervical esophagus and the terminal ileum.

RESULTADOS: The patient’s postoperative course was uneventful and he was discharged on the 9th postoperative day. At five
Gastric MANEC are a heterogeneous group of tumors comprising less than 0.04% of the total gastric carcinoma. They are related with worse prognosis. These tumors are composed of elements that exhibit specific immunohistochemical markers such as chromogranin, synaptophysin, CD56 and neuron-specific enolase. The treatment is variable and dependent on multidisciplinary discussion. We report two cases of gastric MANEC: one of the case reports with different treatment options based on the location of the tumor, and another case report. The tumour architecture and immunohistochemistry may vary with grade of differentiation. Diagnosis is based on the histogenesis.