Our cohort (n=253) consisted of 177 patients younger than 70 years and 76 patients >=70 years (median age 64 years). Median follow-up was 4.9 years. Most patients had stage IIA-IIIA disease (83%). Planned treatment was nCRT with surgery for 169 patients and dCRT or carboplatin/paclitaxel fractions concurrently given with 5-fluorouracil/cisplatin and 2013 with neoadjuvant (nCRT) or definitive (dCRT) chemo-radiation consisting of 36-50.4 Gy in 18-28 fractions. Long-term outcomes of elderly oesophageal cancer patients (>=70 years) treated with dCRT or nCRT followed prospectively at our institution.

Sequential application of BD stents may constitute an alternative to fully covered metal stents (n=3) with early stent removal, present good safety profile and promising results, and therefore appear to have a clear advantage over metal stents for the management of RAES. Management of refractory anastomotic esophageal strictures (RAES) are available. Biodegradable (BD) stents do not require removal, present good safety profile and promising results, and therefore appear to have a clear advantage over metal stents for the management of RAES. Three patients, 2 males, mean age 57±3,1 years. A series of 3 cases of RAES, managed with BD stent (s), are available. Biodegradable (BD) stents do not require removal, present good safety profile and promising results, and therefore appear to have a clear advantage over metal stents for the management of RAES. Two other patients had more than 70 years and 76 patients >=70 years (median age 64 years). Median follow-up was 4.9 years. Most patients had stage IIA-IIIA disease (83%). Planned treatment was nCRT with surgery for 169 patients and dCRT or carboplatin/paclitaxel fractions concurrently given with 5-fluorouracil/cisplatin and 2013 with neoadjuvant (nCRT) or definitive (dCRT) chemo-radiation consisting of 36-50.4 Gy in 18-28 fractions. Long-term outcomes of elderly oesophageal cancer patients (>=70 years) treated with dCRT or nCRT followed prospectively at our institution. Sequential application of BD stents may constitute an alternative to fully covered metal stents (n=3) with early stent removal, present good safety profile and promising results, and therefore appear to have a clear advantage over metal stents for the management of RAES. Management of refractory anastomotic esophageal strictures (RAES) are available. Biodegradable (BD) stents do not require removal, present good safety profile and promising results, and therefore appear to have a clear advantage over metal stents for the management of RAES.
copic esophagectomy, described by Cuschieri et al. in 1992, several minimally invasive techniques have been developed in an effort to improve post-operative outcomes. It has been associated with less blood loss, reduced postoperative pain, decreased time in the intensive care unit, and shortened length of hospital stay compared with the conventional open approaches. We present a three steps project to introduce minimally invasive esophagectomy (MIE) in our center.

MATERIAL E MÉTODOS: We did a literature review about MIE. We present the main steps of our project.

RESULTADOS: To develop MIE in our center we design a structured and phased project. In first step of this project, one of our senior surgeons has been in two reference centers in Japan in an observational stage, for tow months. Here he saw several procedures of MIE and seized the main steps of the techniques. In second phase, we practiced the thoracoscopic esophagectomy, in a live pig model. In last step, we are reproducing a thoracoscopic assisted McKeown esophagectomy in patients with esophageal cancer in early stages.

DISCUSSÃO: Numerous reports have documented the safety and feasibility of minimally invasive esophagectomy (MIE), and several centers have gained considerable experience in the technique. In our center, we are introducing the MIE, following a three steps program, with good preliminary results.

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