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Palliative treatment of malignant esophageal-cardiac stricture in the ederly

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Background

Radical treatment of cancer, is also in the ederly, the gold standard of surgery. If the patient's performance status contraindicated radical surgery, palliative treatment is the only possibility to improve survival and the patient's quality of life. We report our experience related to the treatment of 250 esophageal-cardiac tumors.

Materials and methods

From 2000 to 2007 we treated 250 patients(mean age 72 aa) initially at surgical clinic of II medical school of Naples university and then at Catanzaro medical school. In our series (Table 1),there was a prevalence of palliative resection compared to other procedures.

Results

In our conviction we consider the excision of tumors with total obstruction of esophageal lumen palliative,even if the surgical procedure is apparently complete. Total mortality(9%) and a slightly higher morbidity legitimize this approach.We perform the reconstruction of the alimentary tract continuity with the stomach in 144 patients. Only in 4 cases, where we used a left colon graft did we report a higher mortality and morbidity. In patients at high surgical risk: broncho-esophageal fistula or diffuse metastasis, we perform palliative procedures. The by-pass with left colon graft was used in 24 cases, with high mortality and morbidity and poor mean survival(9,7 months) ;at the moment, in such cases, we prefer to use tubulized stomach at retrosternal place. Non expandable wallstent has been applied with open surgical procedure in 14 cases(mortality 35%;morbidity 50%). In 19 patients in whom we applied a non expandable stent by endoscopic technique (Nottingham set) we report no mortality and low morbidity. Finally 40 patients were treated with simple endoscopic dilatation(Malooney's metal probes),with no mortality and mean survival (6,3 months) just under that obtained with a palliative by-pass.

Table 1 Palliative treatment (250 patients)

Treatment	*Patients*	*morbidity*	*Mortality*	*survival(*)*
palliative resection	148	18 (12%)	13(9%)	21
By pass	29	8 (27%)	6 (20%)	6,5
Endoprosthesis (T)	14	7 (50%)	5 (35%)	3,1
Endoprosthesis (P)	19	1(5%)	0	6.5
Dilatazion	40	1 (2.5%)	0	6.3
Laser	_	_		
Radiotherapy	_	_		

* *median survival in months*

Conclusions

The advent of expandable endoprosthesis, in recent years, has changed our therapeutic approach in palliative treatment of esophageal-cardiac cancer in the ederly. By-pass procedures, in our experience, have gradually declined in order to increase mortality and lower survival of treated patients. We believe that by-pass procedures for this digestive system tract exist due to the fact that the use of the expandable wallstent is limited by high costs, about 10 times higher than those of traditional implants.

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