

Diaphragmatic flap for primary repair in thoracic esophagectomy anastomotic leak

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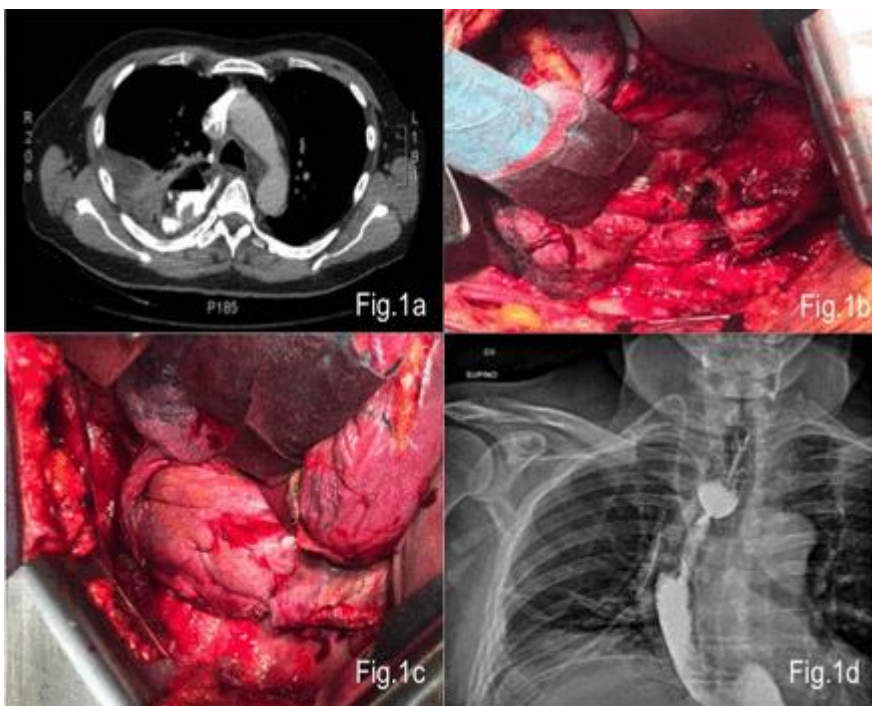
Abstract

Background: Postoperative (PO) anastomotic leak(AL) is life-threatening condition. Primary repair of defect with reinforcement of suture line by vascularized tissue has been advocated in treatment of intrathoracic oesophageal AL

Aim: Describe use of diaphragmatic flap for closure of intrathoracic oesophageal AL after esophagectomy for cancer

Method: 61 ys old man underwent Ivor-Lewis esophagectomy with esophagogastroplasty for oesophageal cancer. In 10th postoperative day, contrast studies revealed extravasation of intrathoracic anastomosis (Fig1a). Endoscopy confirmed significant AL with ischemia of gastric mucosa. Right redo thoracotomy was performed. Anastomotic dehiscence was directly sutured with interrupted monofilament resorbable stitches(Fig1b).Diaphragmatic flap was wrapped around anastomosis and gastric conduit and fixed to cover and buttress the suture line(Fig1c).Bovine pericardium patch was used to repair the diaphragmatic defect. Upper intrathoracic oesophagus was isolated and excluded by absorbable linear staple suture.

Result: Enteral nutrition, through feeding jejunostomy, was administered from PO day-1 until restoration of intestinal integrity (Fig1d).Patient recovered well and was discharged on 29th PO day



Conclusion: Temporary oesophageal exclusion and primary repair, reinforced by diaphragmatic flap, represent efficient alternative technique in management of mediastinal and systemic sepsis due to intrathoracic oesophageal AL

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