VIDEO



Thoracoscopic management of volvulus of the gastric conduit following minimally invasive Ivor-Lewis esophagectomy

Jeremy Linson¹ · Michael Latzko¹ · Bestoun Ahmed¹ · Ziad Awad¹

Received: 23 June 2015/Accepted: 21 August 2015/Published online: 30 September 2015 © Springer Science+Business Media New York 2015

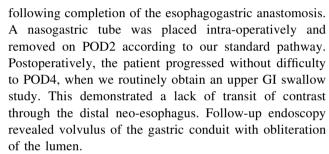
Abstract

Background We present a case of emergent thoracoscopic management of volvulus of the gastric conduit following minimally invasive Ivor-Lewis esophagectomy. The patient is a 69-year-old Caucasian male with a history of adenocarcinoma of the lower third of the esophagus. Initial presentation was dysphagia with solid foods, which progressed in severity until he was unable to swallow anything. EUS demonstrated a partially obstructing mass at 33 cm; biopsy revealed poorly differentiated adenocarcinoma, stage T3N2Mx. PET scan did not reveal any metastatic disease. Preoperative management included neo-adjuvant chemoradiation therapy (5-FU and cisplatin) and early placement of a jejunal feeding tube. Intra-operative leak test was performed as a matter of routine

Presented at the SAGES 2015 Annual Meeting, April 15–18, 2015, Nashville, Tennessee.

Electronic supplementary material The online version of this article (doi:10.1007/s00464-015-4531-0) contains supplementary material, which is available to authorized users.

Medicine, Jacksonville, 653 W 8th St, Jacksonville, FL 32209, USA



Method We immediately took the patient to the OR for thoracoscopic detorsion, which we accomplished successfully by entering the existing trochar sites and using blunt dissection. Upon entering the thoracic cavity, the staple line that had been oriented anteriorly was now posterior. Attachments were gently teased away from the chest wall and the conduit was detorsed and anchored to the chest wall in the correct orientation with silk suture. Intra-operative endoscopy demonstrated a patent conduit.

Results Postoperative upper GI fluoroscopy now showed good transit of contrast. The patient continued to improve and was eventually advanced to mechanical soft diet and discharged on postoperative day 9.

Conclusions Early intervention is indicated in cases of volvulus of the gastric conduit following Ivor-Lewis esophagectomy.

Keywords Esophagectomy · Thoracoscopic · Ivor-Lewis · Volvulus · Neo-esophagus

Compliance with ethical standards

Disclosures Jeremy Linson, MD, Michael Latzko, MD, Bestoun Ahmed, MD, and Ziad Awad, MD, have no conflicts of interest or financial ties to disclose.



[☑] Jeremy Linson jeremy.linson@jax.ufl.edu

Department of Surgery, University of Florida College of Medicine, Jacksonville, 653 W 8th St, Jacksonville, FI 32209 JISA