

11. Billoth II operation 을 시행한 식도암환자에서의 식도수술 2 례 (Sweetprocedure)

계명대학교 의과대학 흉부외과학교실

서영준, 금동윤, 박창권

Case I (M/45)

C/C Epigastric soreness

P/I 내원 2년전 LMC에서 Ectopic pancreas로 BII subtotal gastrectomy 시행하고 내원 3개월전 epigastric soreness로 LMC에서 시행한 endoscopic Biopsy상 esophageal cancer 의심하에 큰병원 권유받고 내원 1개월전 본원 GI에서 W/U상 esophageal cancer 진단받고 당일 수술위해 입원함.

Diagnosis ; submucosal tumor of stomach

Biopsy → Ectopic pancreas

Cystic tumor of pancreatic tail

Splenic infarction

Operation ; BII subtotal gastrectomy

Distal pancreatectomy

Splenectomy

Special study

CXR ; Unremarkable

Chest CT ; Normal finding of esophagus

No definite enlargement of LN

Esophagogram ; Unremarkable

Endoscopy ; Slightly nodular area was noted at 33cm from incisor

Endoscopic Biopsy ; Squamous cell carcinoma

Operation

Procedure ; Sweet procedure

EG anastomosis with EEA 25mm

Op. finding

1. Stomach ; severe adhesion to adjacent structure
2. Esophagus ; no palpable mass

Biopsy

- Epithelial hyperplasia (no residual carcinoma)

Hospital course

POD #6 F/U esophagogram ; no leakage evidence
POD #8 Out of ICU, Lt. pleural drain removed
POD #11 F/U endoscopy ; well passage of scope unremarkable
Discharge

Case II (M/56)

C/C Substernal pain

P/I 내원 24년전 duodenal ulcer perforation으로 LMC에서 BII subtotal gastrectomy 시행하였고 내원 5개월전 substernal pain develop되어 LMC에서 시행한 endoscopy상 esophageal cancer 의심하에 내원 1개월전 본원 GI에서 시행한 endoscopic biopsy상 esophageal cancer진단 받고 당일 수술위해 입원함.

Special study

CXR ; Unremarkable

Chest CT ; Minimal mucosal irregularity in the lower Eso.

Esophagogram ; Mucosal nodularity in the distal eso. about 9-10cm distal to carina

Endoscopy ; Nodular mucosa from 32cm to 37cm from incisor

Endoscopic Biopsy ; Squamous cell carcinoma

Operation

Procedure ; Sweet procedure

EG anastomosis with EEA 25mm

Op. finding

1. No pleural adhesion
2. No definite external mass lesion in distal esophagus
3. No abdominal adhesion around stomach except previous anastomosis site

Hospital course

POD #6 F/U esophagogram ; no leakage evidence
POD #8 F/U endoscopy ; anastomosis site intact
POD #11 Discharge

Sweet procedure (principle)

- Determination of resectability
- Retention of right side blood supply of stomach
- Controlled complete resection of the esophagus
- Carefully exact anastomosis
- Extension of the technique to any intrathoracic level of esophageal carcinoma

Sweet procedure (incision)

Left posterolateral thoracotomy with 7 or 8th rib

-If a mobilization of left colon, jejunum and duodenum was needed, the incision was extended.

-Thoracoabdominal incision

-Abdominothoracic incision

Sweet procedure (division of diaphragm)

peripheral circumferential incision

incision 2–3cm from chest wall

septum transverse incision

radial incision

Sweet procedure (mediastinal dissection)

-Wide dissection of the esophagus

-Complete lymph node dissection

-Adequate length of the margin of esophageal tumor

Sweet procedure (gastric mobilization)

-Preservation of the blood supply by preserving the right gastric and right gastroepiploic vessels

-Obtaining the maximal length by using the longer great curvature for positioning the anastomosis

Sweet procedure (anastomosis)

-Two layer interrupted suture

-Stapled anastomosis

Sweet procedure (closure of diaphragm)

The edge of the hiatus is sutured to stomach to prevent herniation of abdominal viscera

The diaphragm incision was closed interrupted

Replacement of stomach after BII

-The gastric remnant is mobilized

-Transplanted to the thorax

-With spleen and the tail of pancreas

-Blood supply ; left gastroepiploic artery

short gastric artery

-Transplanted to a higher level in BII than BI

BII is more potential mobility