

## Anastomotic leak after esophagectomy for esophageal cancer

Hyun Joo Lee, M.D., Seung Il Park, M.D. PhD, Dong Kwan Kim, , M.D. PhD,  
Yong Hee Kim, , M.D. PhD, Yong Jik Lee, M.D., Hye Won Moon.

울산대학교 서울아산병원 흉부외과

### Objective :

Anastomotic leak after esophagectomy for esophageal cancer is an important cause of morbidity and mortality. However, the optimal method of management according to the anastomotic location remains controversial.

### Methods :

We retrospectively reviewed all medical records of patients who had anastomotic leaks after esophagectomy for esophageal cancer.

### Results :

From January, 1994 to November, 2006, 556 consecutive patients with esophageal cancer underwent esophagectomy at our institution. Fourteen patients (2.5%) had an anastomotic leak (9 in thoracic cavity, 5 in cervical area). Resection margin was positive for residual tumor in one thoracic anastomosis. Ten patients

including 9 thoracic anastomotic leaks were managed conservatively. Other four patients required surgical intervention that included open cervical drainage in 3 patients, and empyema debridement in 1 patient. Operative mortality with anastomotic leak was 33.3% (4 patients with thoracic leak and 1 with cervical leak). At follow-up (median 6 months, 1 month-5.9 years), 7 patients resolved anastomotic leaks within mean 46.8 days after detection and 2 patients had asymptomatic fistula tracts persistently.

### Conclusions :

Anastomotic leak after esophagectomy is rare, but it is a risk factor of high morbidity and mortality. Most intrathoracic anastomotic leaks can be managed nonoperatively with nutritional support through jejunostomy. Cervical anastomotic leaks often can be resolved with open drainage.