

# Cardia resection for perforated gastroesophageal cancer

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Iatrogenic perforation of cancer of the esophagus or the gastroesophageal (GE) junction is a severe complication. Its incidence has increased most likely because of more aggressive palliative endoscopic therapy and the current widespread use of endoscopic ultrasound (EUS) for accurate preoperative staging. Therapy, i.e. conservative versus surgical treatment remains controversial.

Professor Jörg Kleeff from the Munich (Germany) report a case of 82-year-old man with iatrogenic perforation of [adenocarcinoma](#) of the GE junction. This article will be published on June 28, 2009 in the *World Journal of Gastroenterology*.

Given serious complications brought by initial endoscopic intervention, they decided to choose immediate explorative laparotomy. Intraoperatively, the tumor was localized and removed completely by resection of the cardia and part of the distal esophagus. For reconstruction, a partial proximal gastric tube was constructed using linear staplers. After treatment, the patient recovered quickly and discharged from hospital within 2 wk. On a further follow-up after 4 wk, the patient held no complaint of reflux or dysphagic symptoms.

The study revealed that the management of esophageal perforation in the context of an underlying [malignancy](#) demands an individual approach that depends upon the site and etiology of the perforation. Irrespective of the therapeutic approach, the prognosis after tumor perforation is dismal.

More information: Gillen S, Friess H, Kleeff J. Palliative cardia resection with gastroesophageal reconstruction for perforated carcinoma of the gastroesophageal junction. *World J Gastroenterol* 2009; 15(24): 3065-3067; [www.wjgnet.com/1007-9327/15/3065.asp](http://www.wjgnet.com/1007-9327/15/3065.asp)

Source: [World Journal of Gastroenterology](#) ([news](#) : [web](#))

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