

Minimally invasive esophagectomy offers benefits

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Compared with open transthoracic esophagectomy, minimally invasive transthoracic esophagectomy is associated with significantly fewer pulmonary infections and with other short-term benefits in patients with resectable cancer of the esophagus, according to research published online May 1 in *The Lancet*.

(HealthDay) -- Compared with open transthoracic esophagectomy, minimally invasive transthoracic esophagectomy is associated with significantly fewer pulmonary infections and with other short-term benefits in patients with resectable cancer of the esophagus, according to research published online May 1 in *The Lancet*.

Surya S.A.Y. Biere, M.D., of the VU University Medical Centre in Amsterdam, and colleagues conducted a multicenter, open-label, randomized controlled study involving 115 patients with resectable [cancer](#) of the esophagus or gastro-esophageal junction who were treated

with either open transthoracic or minimally invasive transthoracic esophagectomy.

The researchers found that, overall, the rate of [pulmonary infections](#) within the first two weeks was nearly 70 percent lower in the minimally invasive group compared with those who received an open esophagectomy (9 versus 29 percent). Similarly, the rate of pulmonary infection in-hospital was 65 percent lower in the minimally invasive versus open esophagectomy groups (12 versus 34 percent). In-hospital mortality was similar for the groups, with one patient death in the open esophagectomy group from an anastomotic leakage, and two in the minimally invasive group (one from aspiration and one from mediastinitis following anastomotic leakage).

"A shorter hospital stay in the minimally invasive group in our trial indicates a faster postoperative recovery than in the open esophagectomy group," the authors write. "In conclusion, our findings provide evidence for the short-term benefits of minimally invasive compared with open esophagectomy for patients with resectable [esophageal cancer](#)."

More information: [doi:10.1016/S0140-6736\(12\)60516-9](https://doi.org/10.1016/S0140-6736(12)60516-9)

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