

# Fewer complications found with hybrid surgery for esophageal cancer

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(HealthDay)—Hybrid minimally invasive esophagectomy results in

lower incidence of intraoperative and postoperative major complications compared with open esophagectomy for esophageal cancer, according to a study published in the Jan. 10 issue of the *New England Journal of Medicine*.

Christophe Mariette, M.D., Ph.D., from Claude Huriez University Hospital in Lille, France, and colleagues conducted a multicenter, open-label randomized trial involving patients aged 18 to 75 years with resectable cancer of the middle or lower third of the esophagus. Patients were randomly assigned to undergo transthoracic open esophagectomy (open procedure; 104 patients) or hybrid minimally invasive esophagectomy (hybrid procedure; 103 patients), which involved a two-field abdominal-thoracic operation with laparoscopic gastric mobilization and open right thoracotomy.

The researchers found that 36 and 64 percent of patients in the hybrid- and open-procedure groups, respectively, had a major intraoperative or postoperative [complication](#) (odds ratio, 0.31). Overall, 18 and 30 percent of patients in the hybrid- and open-procedure groups, respectively, had a major pulmonary complication. Overall survival was 67 and 55 percent in the hybrid- and open-procedure groups, respectively, at three years; disease-free survival was 57 and 48 percent, respectively.

"We found that a minimally invasive approach to the abdominal phase of an Ivor-Lewis two-field abdominal-thoracic [esophagectomy](#) was associated with substantially lower major morbidity, specifically pulmonary morbidity," the authors write. "This result was most probably mediated by the reduction in surgical trauma."

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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