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Pharyngoesophagic reconstruction in carcinomas of the hypopharynx or esophagus: Retrospective study of 81 cases

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Introduction: Hypopharyngeal and esophagus carcinomas are devastating diseases that continues to have a poor prognosis. Therefore, surgical techniques, in addition to controlling the tumor, should allow a rapid reestablishment of swallowing to provide some quality of life. Since the cervical cutaneous flap proposed by Wookey in 1942 to the free flaps, several reconstructive techniques have been proposed, but with no consensus on the best. Thus, we set out to describe our experience and its complications in the surgical treatment of epidermoid carcinomas of the hypopharynx in order to evaluate the feasibility of various techniques for pharyngoesophageal reconstruction and its complications in the surgical treatment of advanced epidermoid carcinomas of the hypopharynx or esophagus.

Material & Methods: Retrospective evaluation of 81 patients submitted to total pharyngo-laryngo-esophagectomy with neck dissection by carcinoma of the hypopharynx or esophagus. There were 68 men and 13 women with a mean age of 62.5 years (51-73 years old) in the period from January 1994 to December 2014. Staging showed: T4-62 (76.5%); T3-19 (23.5%); N0-3 (3.8%); N1-13 (16%); N2-59 (72.8%) and N3-6 (7.4%). Group A: pyriform recess carcinoma/larynx in 53 patients submitted to total pharyngo-laryngo-esophagectomy with 41 cases of reconstruction with isoperistaltic gastric tube of greater curvature, 5 cases of cutaneous flap of the major pectoralis muscle, 4 cases of thigh-free flap and 3 cases of jejunum-free flap. Group B: 28 carcinomas of the hypopharynx and cervical esophagus or thoracic esophagus submitted to transmediastinal pharyngo-laryngo-esophagectomy and reconstruction by gastric transposition via the posterior mediastinum in 26 cases and transposition of the colon via the posterior mediastinum in 2 cases. There were uni or bilateral neck dissection in 81 patients. Study of deglutition with contrast x-ray in all patients was done.

Results: Systemic complications: cardiovascular system 7 cases; respiratory system 12 cases; sepsis 1 case and disseminated intravascular coagulation 1 case. Local complications: gastric tube partial - dehiscence of anastomosis in 24 cases (58.5%), 2 cases of partial gastric necrosis (4.9%) and one case of total gastric necrosis (2.5%); transmediastinal gastric transposition - 8 cases (28.9%) of partial anastomosis dehiscence and 2 cases of partial gastric necrosis (7.1%); flap of the pectoralis major muscle - 1 case (20%) of partial dehiscence of the anastomosis and 4 cases of total stenosis (80%), flap free of thigh - 2 cases of partial anastomosis dehiscence (50%) and jejunum free flap - 1 case of partial dehiscence of the anastomosis (33.3%). One patient died of sepsis and one patient died of pneumonia. Only one patient needed surgical procedure to resolve partial dehiscence of the anastomosis and the others were resolved with conservative procedures. All patients were able to swallow liquid and/or pasty foods.

Conclusions: Total pharyngo-laryngo-esophagectomy despite being a procedure with high morbidity, presents satisfactory resolution; the high-resolution isoperistaltic gastric tube is the best reconstruction for the hypopharynx/larynx tumors and gastric transposition by transmediastinal route for resection of the esophagus for tumors that compromise the thoracic esophagus; both have morbidity and gastric tube have lower rates of systemic complications; both provide satisfactory swallowing; reconstruction with myocutaneous flap of the pectoralis major muscle should be abandoned due to a high index of anastomosis stenosis; the free thigh and jejunum flaps were not sufficient for study.

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