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Aim of study. Antireflux surgical treatment, especially laparoscopic Nissen fundoplication is currently considered the treatment of choice in refractory gastroesophageal reflux disease (GERD) with a long-term efficacy of over 90%. The predictive factors of a good postoperative clinical outcome in antireflux surgery include appropriate patient selection and surgeon experience. However, in up to 30% of cases, new symptoms may appear, reflux symptoms persist, or may recur at some point after the antireflux procedure. The GERD approach in more centers of minimally invasive surgery, an increased number of trainees, especially young surgeons in antireflux techniques led us to review the results of antireflux surgeries and the notions of post Nissen syndrome in general.

Materials and methods. The experience of our clinic represents 20 years (2002-2022) of activity in antireflux surgery, during which 848 antireflux interventions were performed for GERD and hiatal hernias, of which 86 (10.1%) were reinterventions.

Results. In specialized centers various causes of postoperative suffering have been identified, The persistence of symptoms after the surgical procedure implies the assessment of the surgical intervention as "failed". In the case of a patient who initially shows control of symptoms, but symptoms then reappear, the term "recurrence" or "dysfunction" can be used, and when symptoms worsen or when symptoms or clinical conditions that did not exist before surgery appear, this should be considered a "complication".

Conclusions. Postoperative dysphagia and other dyspeptic symptoms are more common after total funduplications in antireflux operations and require an integrated approach to determine the best possible treatment.

Keywords. Antireflux surgery, postnissen syndrome

MANAGEMENTUL ENDOSCOPIC AL FISTULELOR DE ANASTOMOZA POST NEOPLASM ESOFAGIAN ȘI GASTRIC OPERAT



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Introducere: In pofida multiplelor progrese efectuate in chirurgia oncologica si endoscopica digestiva interventionala, fistulele de anastomoza esofagiana continua sa ramana unele dintre cele mai severe complicatii ale neoplasmului esofagian si gastric operat. Noile metode terapeutice endoscopice duc la cresterea ratei de inchidere a fistulelor de anastomoza esofagiana. Dintre acestea amintim: sten-turile esofagiene autoexpandabile, montarea de clipuri OTSC, terapie vaccum, VacStent, stenturile plastic dublu pigtail.

Materiale si metode: Decizia de management endoscopic al unei fistule de anastomoza esofagiana es-te luata in functie de cateva criterii: marimea fistulei, prezenta colectiilor, localizarea fistulei de anastomoza esofagiana. Prezentam 4 cazuri de fistula de anastomoza esofagiana, dintre care 2 cazuri post neoplasm esofagian operat si 2 cazuri post neoplasm gastric operat, la care managementul endoscopic minim invaziv a permis inchiderea completa fistulei de anastomoza esofagiana. Au fost utilizate multiple metode de tratament interventional: montarea de stenturi esofagiene total acoperite, sten-turi dublu pigtail, terapie vaccum si clipuri OTSC (clipuri over the scope).

Rezultate: Evolutiile dupa diferitele metode de tratament endoscopic au fost favorabile, cu inchiderea completa a fistulelor, fara recidive. Complicatiile aparute dupa diferitele metode de tratament endoscopic, cat si rata de succes in inchiderea fistulelor de anastomoza esofagiana, au fost intotdeauna un motiv de reflectie pentru medicii endoscopisti, inainte de a lua decizia terapeutica adecvata in functie de particularitatile cazului.

Concluzii: Consideram ca utilizarea selectiva si alegerea corecta a diferitelor metode de tratament endoscopic in managementul fistulelor de anastomoza esofagiana ofera pacientului cele mai mari sanse atat de solutionare a acestei complicatii, cat si de supravietuire.

Cuvinte cheie: fistula de anastomoza esofagiana, endoscopie digestiva superioara, stent, terapie vac-cum

ENDOSCOPIC MANAGEMENT OF ANASTOMOTIC FISTULAS AFTER OPERATED ESOPHAGEAL AND GASTRIC NEOPLASM

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Introduction: Despite the multiple advances made in oncological and endoscopic interventional digestive surgery, esophageal anastomotic fistulas continue to remain some of the most severe complications of operated esophageal and gastric neoplasms. The new endoscopic therapeutic methods lead to an increase in the rate of closure of esophageal anastomotic fistulas. Among these we mention: self-expandable esophageal stents, OTSC clip mounting, vacuum therapy, VacStent, double pigtail plastic stents.

Materials and methods: The decision of endoscopic management for an esophageal anastomotic fistula is taken according to several criteria: the size of the fistula, the presence of collections, the location of the esophageal anastomotic fistula. We present 4 cases of esophageal anastomotic fistulas, of which 2 cases illustrate complications of operated esophageal neoplasm and 2 cases illustrate complications after operated gastric neoplasm. In all of the before mentioned cases minimally invasive endoscopic management allowed complete closure of the esophageal anastomotic fistulas. Multiple interventional treatment methods were used: fitting of fully covered esophageal stents, double pigtail stents, vacuum therapy and OTSC clips (over the scope clips).

Results: The evolution of these patients after the different endoscopic treatment methods was favorable, with complete closure of the fistulas, without relapses.

The complications arising after the different methods of endoscopic treatment, as well as the success rate in closing esophageal anastomotic fistulas, have always been a reason for reflection among endoscopists, before making the appropriate therapeutic

decision according to the particularities of the case.

Conclusions: We believe that the selective use and the correct choice of different endoscopic treatment methods in the management of esophageal anastomotic fistulas offer the patient the best chances for both solving this complication and also for surviving.

Keywords: esophageal anastomotic fistula, superior digestive endoscopy, stent, vacuum therapy

TRATAMENTUL CHIRURGICAL CONTEMPORAN AL BOLII DE REFLUX GASTRO-ESOFAGIAN COMPLICATE CU METAPLAZIA MUCOASEI ESOFAGIENE



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Scopul lucrării. Metaplasia mucoasei esofagice, indiferent de tipul histopatologic, reprezintă o complicație a Bolii de Reflux Gastro-Esofagian. În aspect teoretic și practic aceasta prezintă interes pentru complicațiile sale evolutive în timp: inflamatorii și oncologice. Studiul urmărește ameliorarea rezultatelor tratamentului chirurgical al pacienților cu metaplazie columnară de epiteliu al mucoasei esofagiene și elaborarea unui algoritm optim de tratament complex medico-chirurgical.

Materiale și metode. Studiul reprezintă o cercetare prospectivă pe un lot de 82 pacienți cu metaplazia mucoasei esofagiene diagnosticați și tratați în clinica de chirurgie nr.4 a IMSP Spitalul Clinic Republican „Timofei Moșneaga” în perioada anilor 2016-2023.

Rezultate. În lotul de cercetare au fost incluși pacienți cu diagnostic confirmat (endoscopic, imunohistochimic și funcțional) de reflux gastro-esofagian complicată cu esofag columnar metaplaziat. Tratamentul chirurgical al acestor pacienți a fost axat pe asocierea tehnicilor chirurgicale minim invazive în manieră etapizată: endoluminal (rezețional sau ablativ al mucoasei metaplaziate) și laparoscopic antireflux (66 cazuri, 80,32%). Tratamentul formelor de esofag columnar complicat (stenoze, displazie avansată/neoplazie) au fost supuse tratamentului chirurgical clasic – esofagoplastii (16 pacienți (19,67%).

Concluzii. Realizarea tratamentului multimodal al esofagului columnar metaplaziat necesită conlucrarea interdisciplinară între gastroenterolog, endoscopist, histopatolog și chirurg cu implicarea metodelor moderne de diagnostic și tratament. Caracterul și volumul intervenției chirurgicale endoluminale va fi determinat de forma histopatologică a metaplaziei și/displaziei, cât și de gradul de extindere a procesului în suprafața mucoasei esofagiene. Algoritmul de tratament elaborat și implementat în clinică a devenit o normă de conduită a pacienților cu metaplazie columnară de epiteliu al mucoasei esofagiene, având la bază tripiedul convențional clinic-endoscopic-morfologic ca obligativitate oportună permanentă.

Cuvinte cheie. Esofag Columnar Metaplaziat, tratament chirurgical multimodal, rezeție de mucoasă esofagiană, tratament chirurgical antireflux.

CONTEMPORARY SURGICAL TREATMENT of GASTROESOPHAGEAL REFLUX DISEASE COMPLICATED WITH OF EPITHELIAL COLUMNAR METAPLASIA OF ESOPHAGEAL MUCOSA

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Aim of study. Metaplasia of the esophageal mucosa, regardless of the histopathological type, is a complication of Gastro-Esophageal Reflux Disease. From a theoretical and practical point of view, it is of interest for its evolving complications over time: inflammatory and oncological. The aim of the study is to improve the results of surgical treatment of patients with columnar metaplasia of the epithelium of the esophageal mucosa and to develop an optimal algorithm for complex surgical treatment.

Materials and methods. The study represents a prospective research on a group of 82 patients with metaplasia of the esophageal mucosa diagnosed and treated in the surgery clinic no. 4 of Republican Clinical Hospital "Timofei Mosneaga" during the years 2016-2023.

Results. The research group included patients with a confirmed diagnosis (endoscopic, immunohistochemical and functional) of complicated gastroesophageal reflux with metaplastic columnar esophagus. The surgical treatment of these patients was focused on the association of minimally invasive surgical techniques in a staged manner: endoluminal (resectional or ablative of the metaplastic mucosa) and laparoscopic antireflux (66 cases, 80.32%). The treatment of complicated columnar esophagus forms (stenosis, advanced dysplasia/neoplasia) were subjected to classical surgical treatment - esophagoplasty (16 patients (19.67%).

Conclusions. The implementation of multimodal treatment of metaplastic columnar esophagus requires interdisciplinary collaboration between gastroenterologist, endoscopist, histopathologist and surgeon with the involvement of modern methods of diagnosis and treatment. The character and volume of the endoluminal surgical intervention will be determined by the histopathological form of metaplasia and/or dysplasia, as well as by the degree of extension of the process on the surface of the esophageal mucosa. The elaborated algorithm of treatment implemented in the clinic has become a norm of conduct for patients with columnar metaplasia of the epithelium of the esophageal mucosa, based on the conventional clinical-endoscopic-morphological tripod.

Keywords. Columnar metaplastic esophagus, Barrett esophagus, multimodal surgical treatment, esophageal mucosa resection, antireflux surgical treatment.

TRATAMENTUL COMPLEX AL OBEZITĂȚII MORBIDE ASOCIATE CU BOALA DE REFLUX GASTROESOFAGIAN



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