



# Delayed surgery for SCC oesophagus

Dr L Prodehl

HPB/Upper GI surgeon

Surgical Gastroenterology Unit

Charlotte Maxeke Johannesburg Academic Hospital

# Mr MS

- 54 year male
- Symptoms started March 2022
- Referred with dysphagia – only tolerating liquids
  - 11- 20% weight loss
  - BMI 20
- No co-morbidities

# Mr MS

- Originally from Zimbabwe
- Never smoked, no ETOH use
- Worked as a gardener
- Cooked food with electricity
- One cup hot tea / day

# Barium swallow

- 21 November 2023
- Tight, smooth walled stricture mid oesophagus

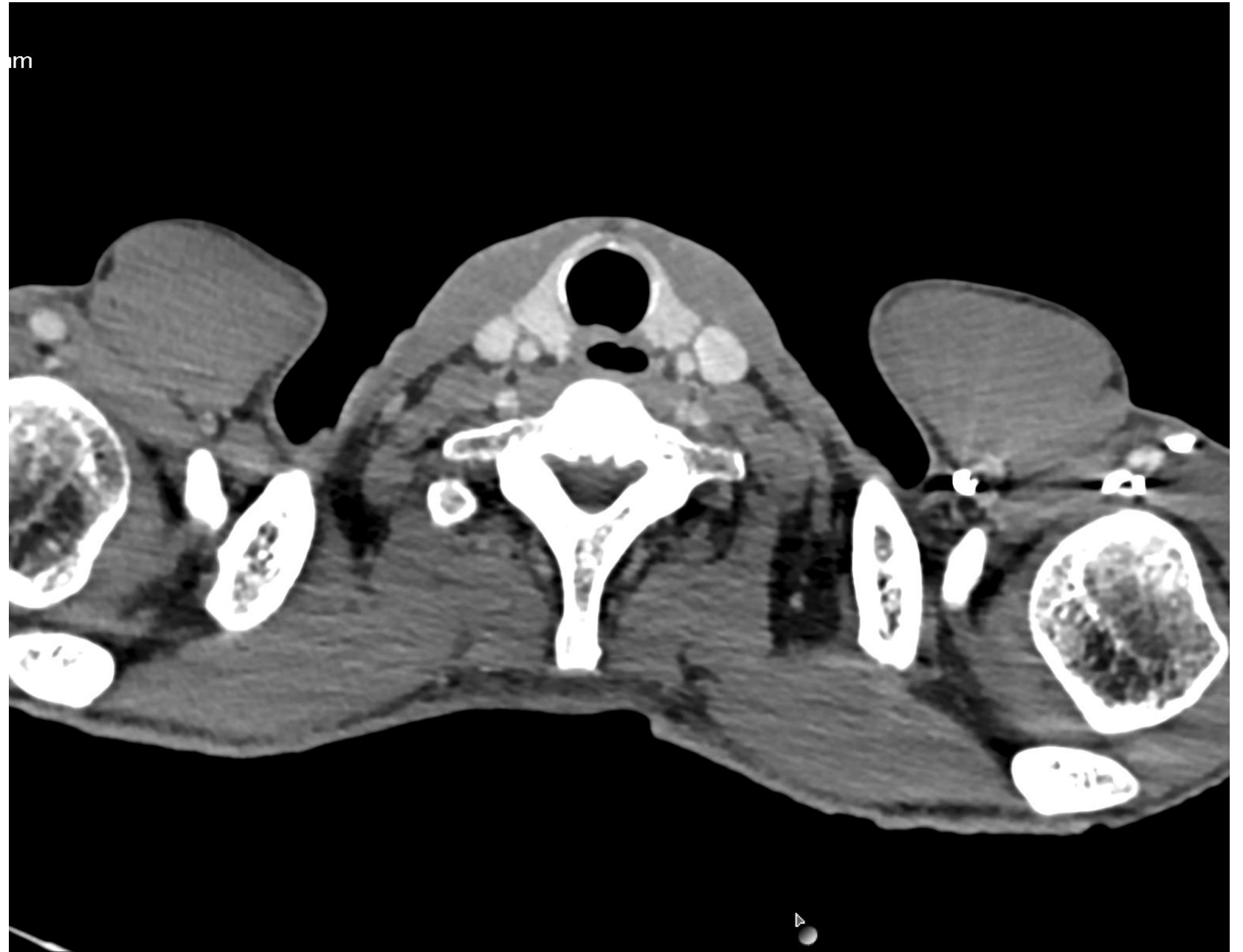
# Gastrosocopy

- 1 December 2023
- Tight, friable stricture at 32cm
- Scope not able to pass – dilated 8/9/10/11 with Savary-Gillard bougies

# Histology

- Moderately-differentiated keratinizing squamous cell carcinoma
- Arises from full-thickness dysplasia
- No lymphovascular or perineural invasion
- Surrounding acute inflammatory infiltrate

CT scan -



# MDT

- First discussed 21 December 2023
- CT review –
  - mid oesophageal mass – 4 cm long
  - No features of local invasion
  - No metastatic disease
  - No nodes noted at coeliac or SMA
- Plan for neo-adjuvant chemoradiation

# Gastrosocopy

- 9 January 2024
- Repeat dilatation 8/9/10mm with Savary Gillard bougies

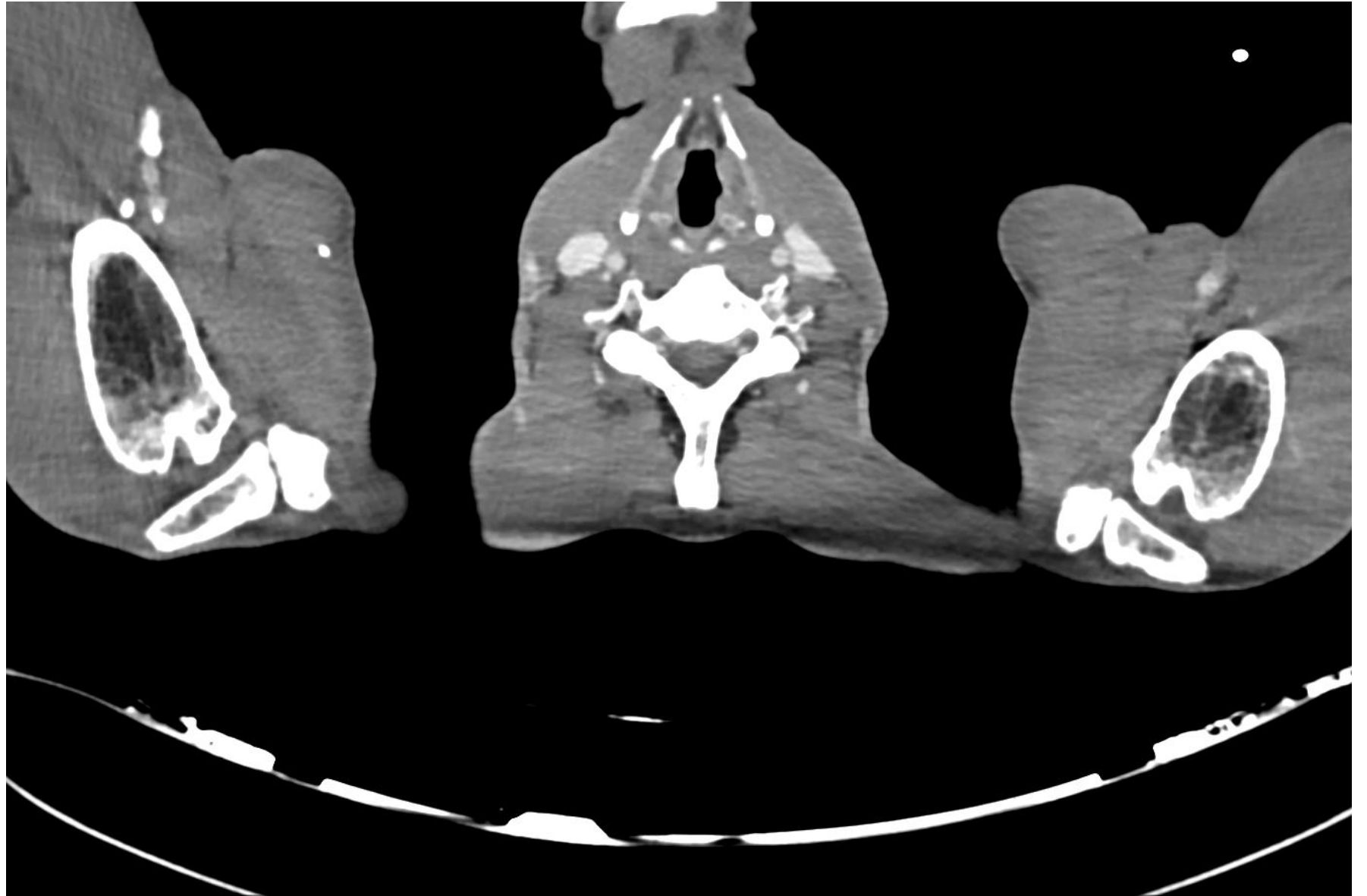
# Chemoradiation

- Started 18 March 2024
- Radiation
  - 2.02Gy x 25#
  - Total 50.4Gy
- Chemotherapy
  - Cisplatinum 60mg/m<sup>2</sup> - 3 weekly
  - Capecitabine 825mg/m<sup>2</sup> – daily bd with DXT
- Completed 24 April 2024

# Lost to follow up

- Multiple reasons why patients in the system are “lost to follow up”
- Some fall between the cracks of Rad Onc and Surgery
- Some are waiting for a CT scan
- Some feel much better and don't come back for review

# CT scan



# MDT

- 24 June 2024
- Imaging review – good response with reduction in tumour size and no distant progression
- For surgery

# Gastrosocopy

- Dysphagia
- Repeat gastrosocopy 26 July 2024
  - No mass seen
  - Stricture at 36cm – scope not able to pass

# Histology

- Histology
  - stratified squamous mucosa with no dysplasia
  - Free lying stromal fragment demonstrates atypical fibroblasts and severe fibrosis
  - chronic inflammatory cell infiltrate comprising lymphocytes and plasma cells.
  - AE1/3- Negative in atypical stromal cells.
  - Showing stromal fibrosis and chronic inflammation consistent with radiation therapy atypia
  - There is no invasive malignancy in the sections examined.

# Surgery

- Hybrid 2 stage oesophagectomy – 27 August 2024
  - Laparoscopic abdominal dissection
  - Open thoracic dissection, resection and anastomosis
- No disease progression in abdomen
- Fibrosis noted in mid-third of oesophagus
- Stapled end to side anastomosis

# Surgery

- No abdominal drains
- Nasogastric tube
  - Placed under vision after anastomosis
  - Left at level of hiatus
  - free drainage
- ICDs right chest
  - Apical
  - basal

# Post operative course

- ICU
  - Extubated
  - Mobilised to chair day 1
  - TPN, oral sips day 5
- Barium swallow – 3 September 2024
  - No leak seen
  - Oral intake started
- Ward - 10 September 2024
- Home – 12 September 2024

# Final histology

- No viable tumour in the oesophagus
- Metastatic SCC in 1/10 para-oesophageal lymph nodes
- No tumour in coeliac or GOJ lymph nodes
- Donuts clear of tumour

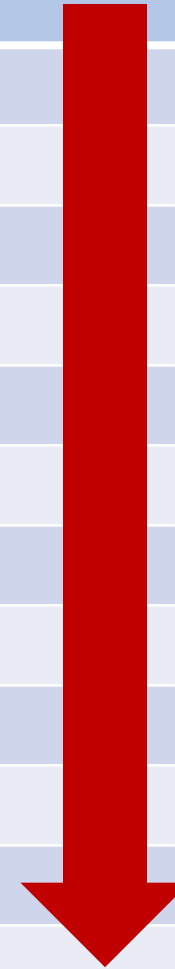
# Timeline

Symptoms	1 March 2022
Barium swallow	21 November 2023
Gastroscopy	1 December 2023
Histology	5 December 2023
CT scan	14 December 2023
MDT	21 December 2023
Gastroscopy	9 January 2024
Chemoradiation start	18 March 2024
Chemoradiation finish	24 April 2024
CT scan	20 June 2024
MDT	24 June 2024
Gastroscopy	26 July 2024
Surgery	27 August 2024

# Timeline

Symptoms	1 March 2022
Barium swallow	21 November 2023
Gastroscopy	1 December 2023
Histology	5 December 2023
CT scan	14 December 2023
MDT	21 December 2023
Gastroscopy	9 January 2024
Chemoradiation start	18 March 2024
Chemoradiation finish	24 April 2024
CT scan	20 June 2024
MDT	24 June 2024
Gastroscopy	26 July 2024
Surgery	27 August 2024

**2 years 5 months**





# Learning points

- Delays to starting treatment
- Loss of follow up post treatment
- Concern about failure to rescue