Esophageal cancer with right aortic arch and liver cirrhosis

National Cancer Center

Male / 65

C.C ; Known esophageal cancer

Preoperative evaluation

EGD & EUS ; from upper incisor 30cm, 2cm sized shallow ulcerative lesion, invasion to submucosal layer, no abnormal lymph node enlargement

Pathology ; Squamous cell carcinoma

Esophageal and gastric varices

Chest CT ; Right aortic arch, Stewart type IIIB

Left aberrant subclavian artery and left ductus arteriosus

No abnormal lesion on esophagus

Abdomen CT : underlying liver cirrhosis, esophageal and gastric varices

Bronchospy ; External compression of mid-trachea by RAA

Echocardiography ; No intracardiac abnormalities

Operation (2009/12/2) ; Ivor-Lewis operation (left side)

Operative finding

Abdomen

- Liver cirrhosis with esophageal varices
- Large amount of ascites (filled during operation)

Thorax

- Stewart type IIIB right aortic arch ; vascular ring by aberrant subclavian artery and ductus arteriosus
- Left recurrent laryngeal nerve ; encircles left ductus arteriosus

- No enlarged mediastinal lymph nodes

Operative procedure

Laparotomy and Left thoracotomy

Abdomen

- Stomach mobilization along the greater curvature outside GEA
- Esophageal varices are ligated
- Feeding jejunostomy

Thorax

- Lymph node dissection ; 3, 4L, 7, 8U, 8M, 8D
- Anastomosis just below the ductus arteriosus with EEA
- Ductus arteriosus ; not divided
- No thoracic duct ligation

Hospital course

POD #2	Postoperative pneumonia → intubation and ventilator care
	Large amount of pleural effusion and ascites since immediate postoperative period
POD #8	Trachoestomy
POD #9	Denver Shunt (peritoneo-jugular shunt)
POD #27	Transfer to general ward
POD #39	DIscharge

Discussion Point

1) Operative strategies in esophageal cancer with right aortic arch

2) Indication for esophagectomy in liver cirrhosis

3) Management of intractable ascites and pleural effusion