



Therapie der Ösophagusleckage

8. Jahrestagung der
Gesellschaft für Gastroenterologie
in Berlin und Brandenburg

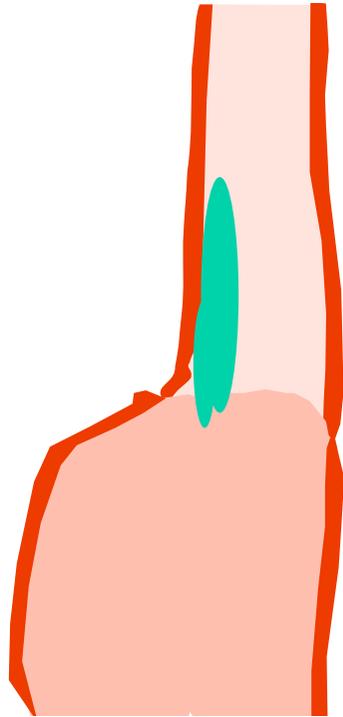
Jochen Wedemeyer

Medizinische Klinik I

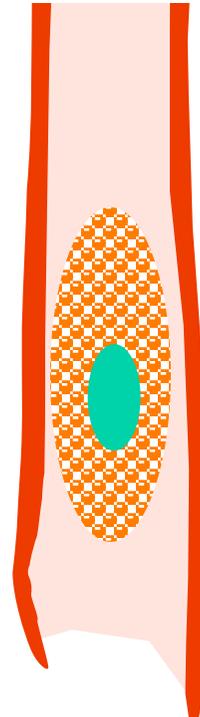
KRH Klinikum Robert Koch Gehrden

KRH Klinikum Springe

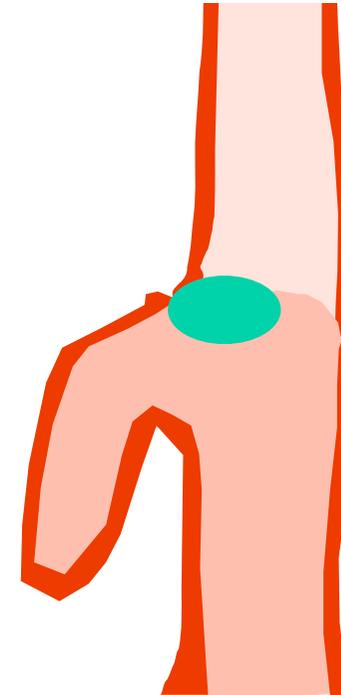
Ösophagusleckagen



Spontan
Boerhave



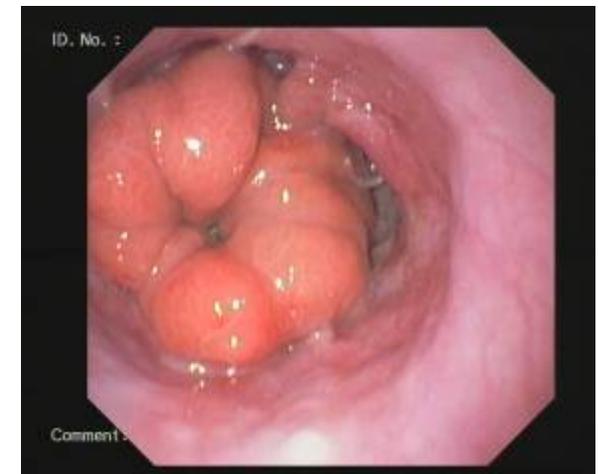
Iatrogen
EMR
ESD
Dilatation



Postoperativ

Diagnosestellung der Leckage

- Routine endoscopy to detect anastomotic leakage after esophagectomy (n=100)
 - » Page et al. Ann Thorac Surg. 2013
- Kein Hinweis auf Verletzung der Anastomose durch die Endoskopie!!!



Anastomoseninsuffizienz nach Ösophagektomie

■ Inzidenz: 5-30%

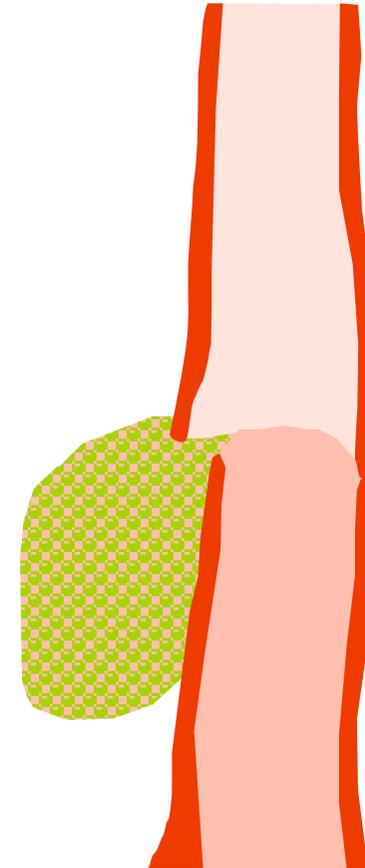
- » Blewitt et al. Ann Thorac Cardiovasc Surg 2001
- » Alanezi et al. Ann Thorac Cardiovasc Surg 2004;
- » Lee Y et al. Surg Today 1994
- » Faller J et al. Surg Today 1996
- » Lang H et al. Eur J Surg Oncol 2000
- » Miller JD et al. J Surg Oncol 1997
- » Ikeguchi M et al. Hepatogastroenterology 2001
- » Messmann H et al. Best Pract Res Clin Gastroenterol 2004

– MHH 1986-2007: 15,5% (n=439)

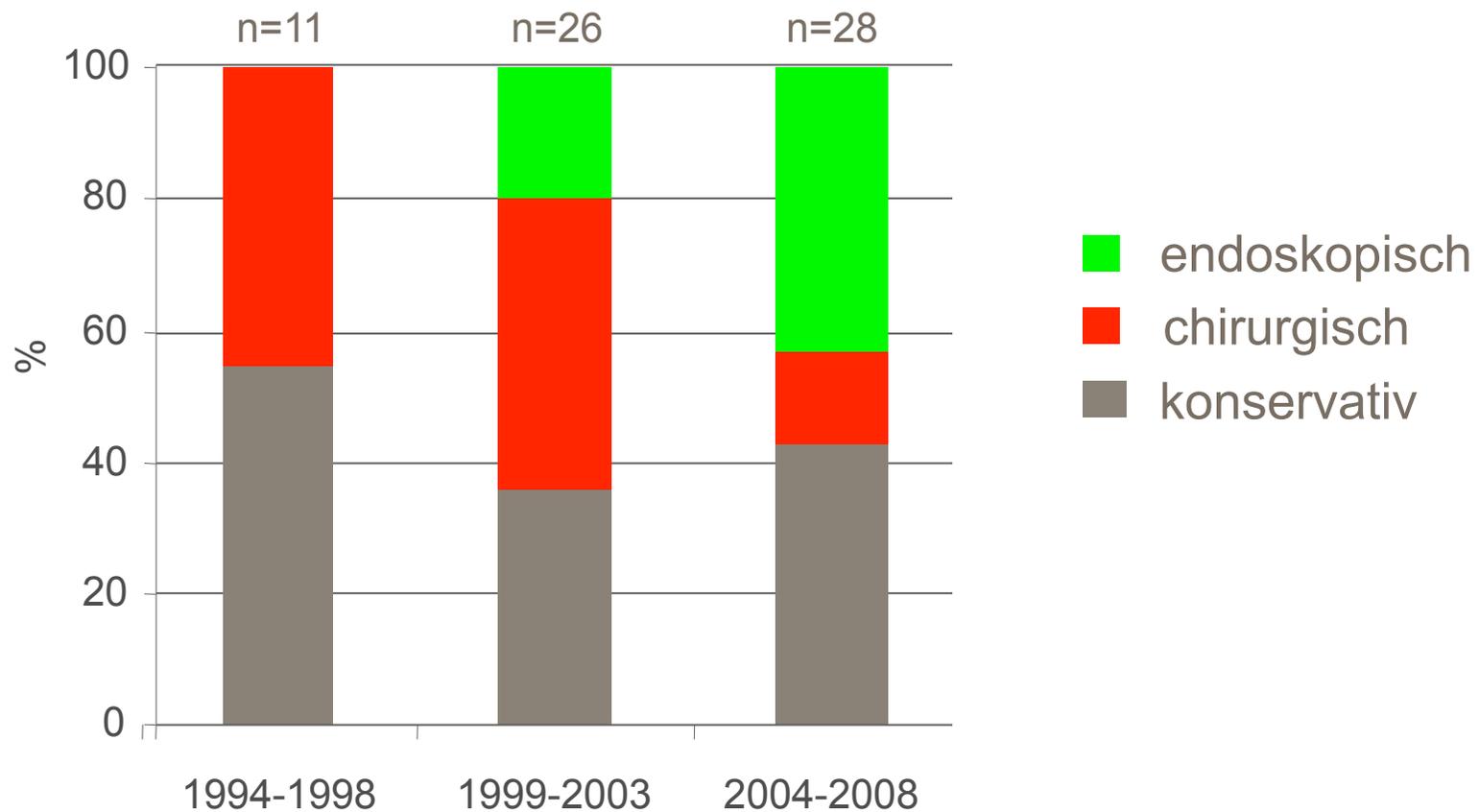
■ Mortalität: 11-35%

- » Alanezi et al. Ann Thorac Cardiovasc Surg 2004
- » Blewett et al. Ann Thorac Cardiovasc Surg 2001

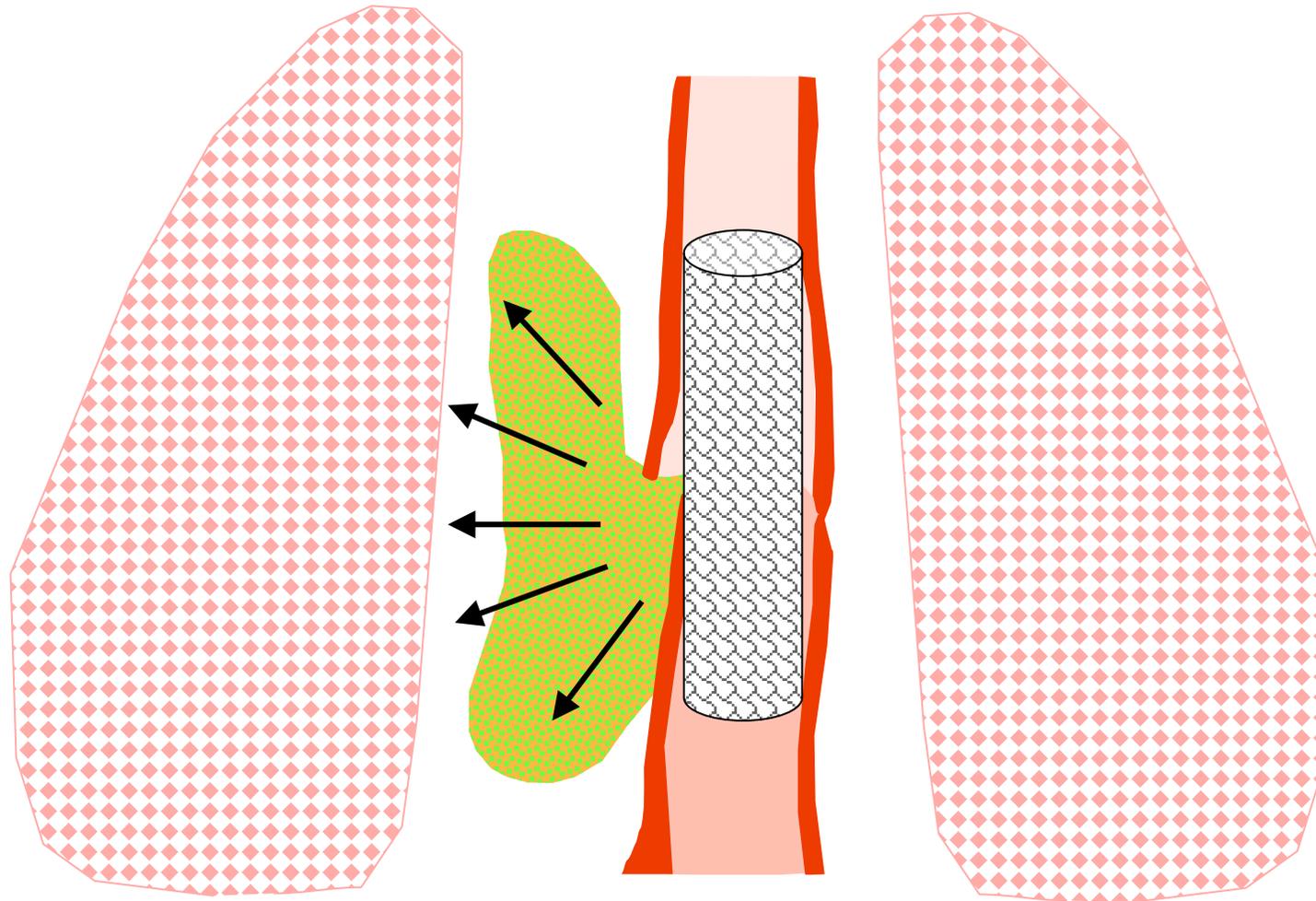
– MHH 1986-2007: 17,4% (n=439)



Behandlung Anastomoseninsuffizienz - MHH



Intrathorakale Ösophagus Leckage



Hünerbein et al. Ann Surg 2004

TABLE 3. Outcome of Patients With Mediastinal Leaks After Esophagectomy Treated by Stenting (n = 9) or Conventional Therapy (n = 10)

	Stent Mean (Range)	Conventional Therapy Mean (Range)
Time to oral intake	11d (1–27d)	21d (7–195d)
Ventilatory support	9d (0–32d)	17d (0–68d)
ICU stay	25d (4–49d)	43d (4–195d)
Hospital stay	35d (21–65d)	49d (13–195d)
Mortality	0%	20%

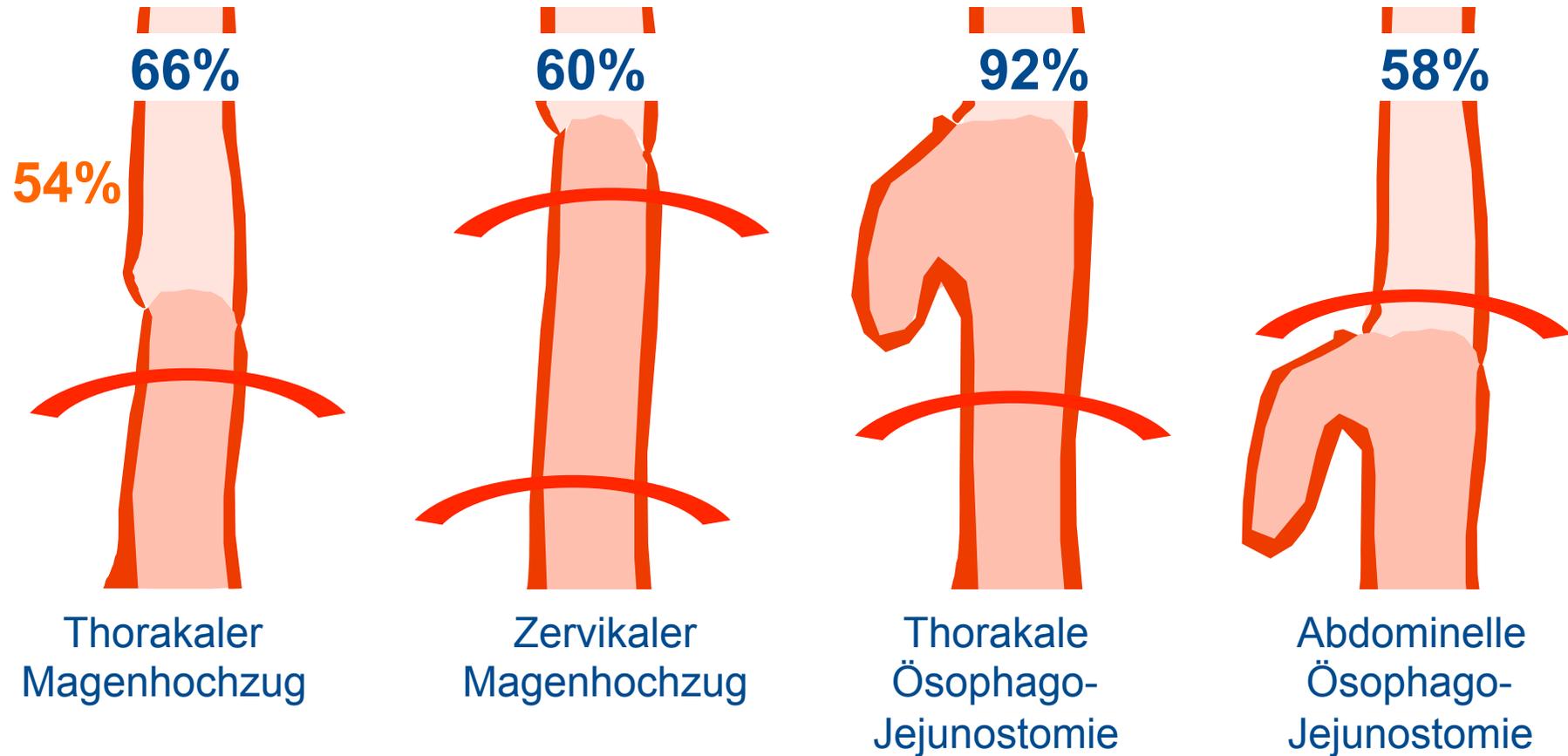
Endoskopische Therapieoptionen – Stent (>25)

Autor	Journal	Jahr	(n)	Erfolg
Tuebergen et al.	J Gastrointest Surg	2008	32	78%
David et al.	Am J Surg	2011	56	77%
El Haji et al.	Gastrointest Endosc	2013	54	74%
Brangewitz et al.	Endoscopy	2013	39	54%
Gubler et al.	Scand J Gastro	2014	85	78%
Hoepfner et al.	Surg Endosc	2014	35	71%
Gesamt			247	72%

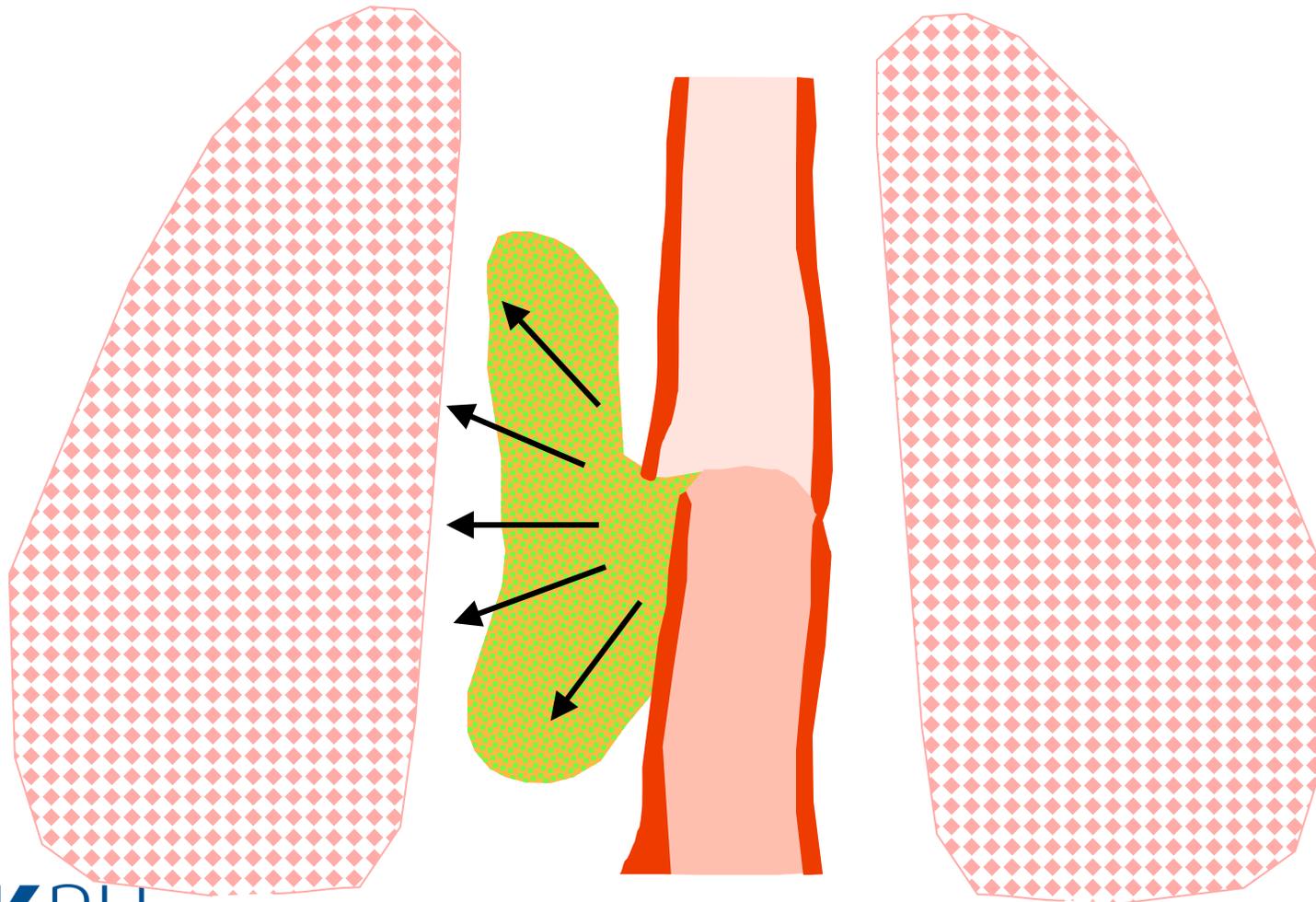
Stent Komplikationen

48 Stents für 35 Patienten	All CSES (<i>n</i> = 48)	
Persisting leakage	21	44%
Stent dislocation	9	19%
Stenosis	5	10%
Gastrointestinal perforation ^a	3	
Bleeding ^b	2	
Gastrotracheal fistula	1	

Ösophagusleckage - Stent



Intrathorakale Ösophagus Leckage



Vacuum Assisted Closure (V.A.C.)

■ Konzept

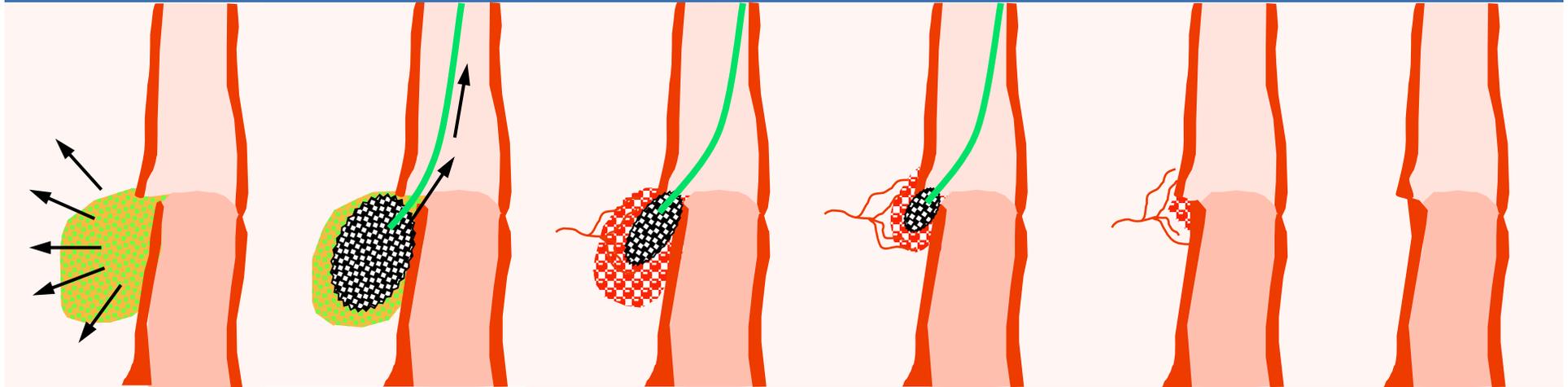
- Granulationsgewebe
- Reduktion des Ödems
- Entfernung von Exsudaten

■ Anwendungen:

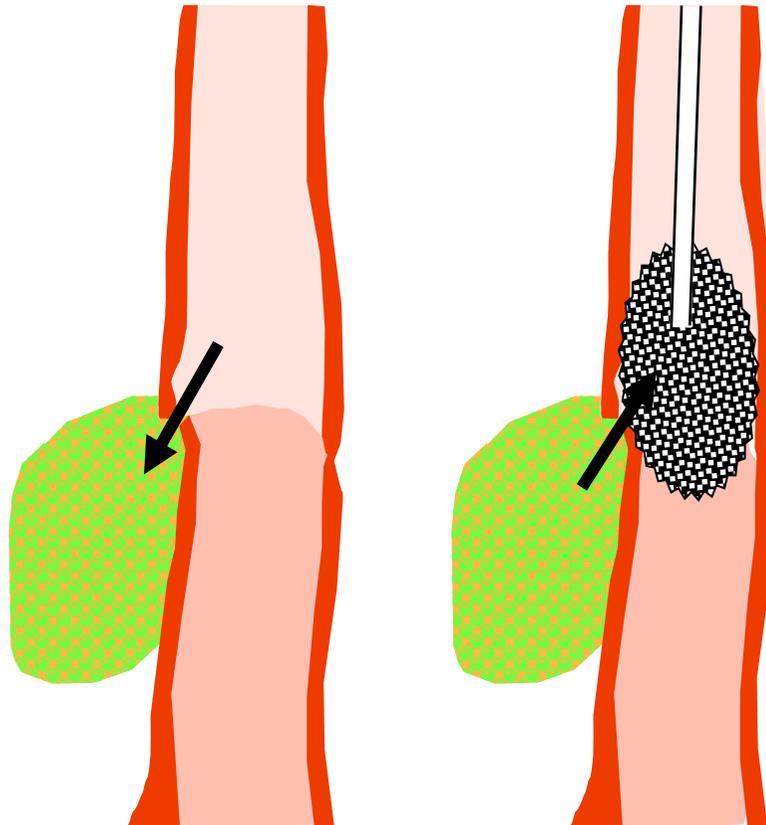
- Dekubital Ulzerationen
- Chronisch venöse Ulzerationen
- Diabetischer Fuß
- Postoperative Wunden
- Hautdefekt posttraumatisch



Transluminale Vakuum-Schwammtherapie (Endo-V.A.C.)



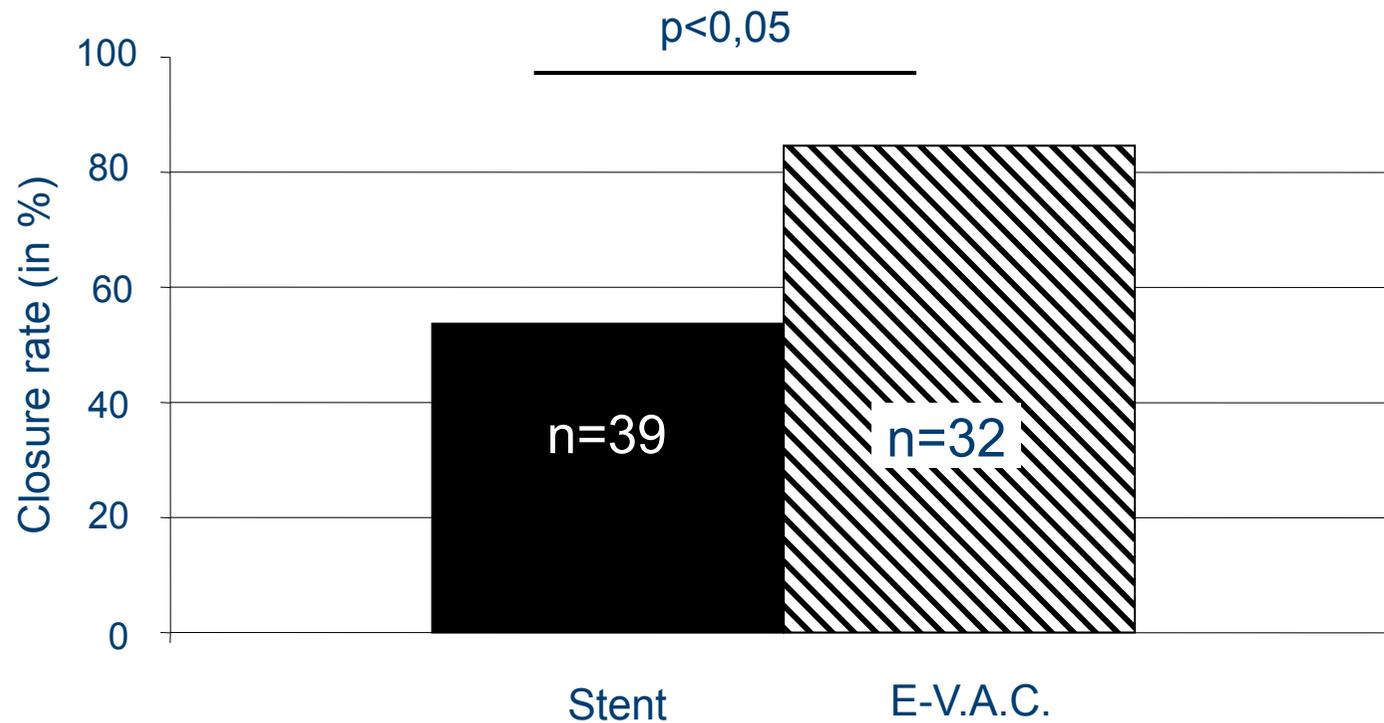
Endoluminale Endo-V.A.C.



Vakuumschwammtherapie Ösophagus (n>10)

	Patienten (n)	Erfolg
Brangewitz et al. Endoscopy 2013	32	27 (84%)
Schniewind et al. Surg Endosc 2013	17	15 (88%)
Schorsch et al. Surg Endosc 2013	24	23 (96%)
Bludau et al. Surg. Endosc. 2013	14	12 (86%)
Summe	87	77 (89%)

Vakuumschwamm versus Stent



Vergleich mit etablierten Methoden

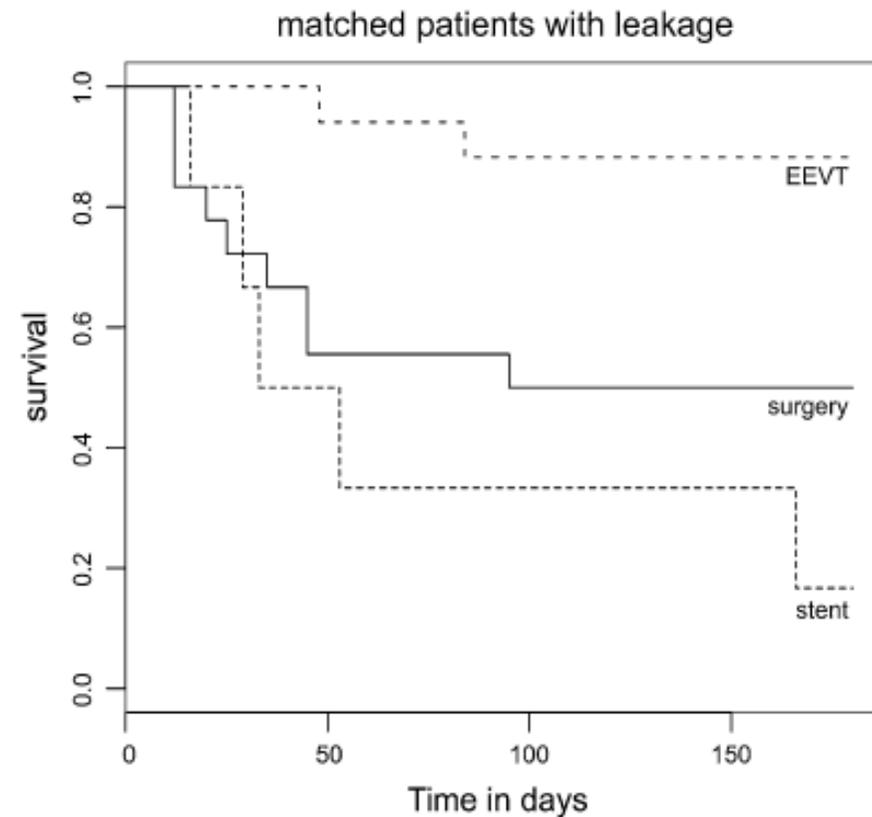
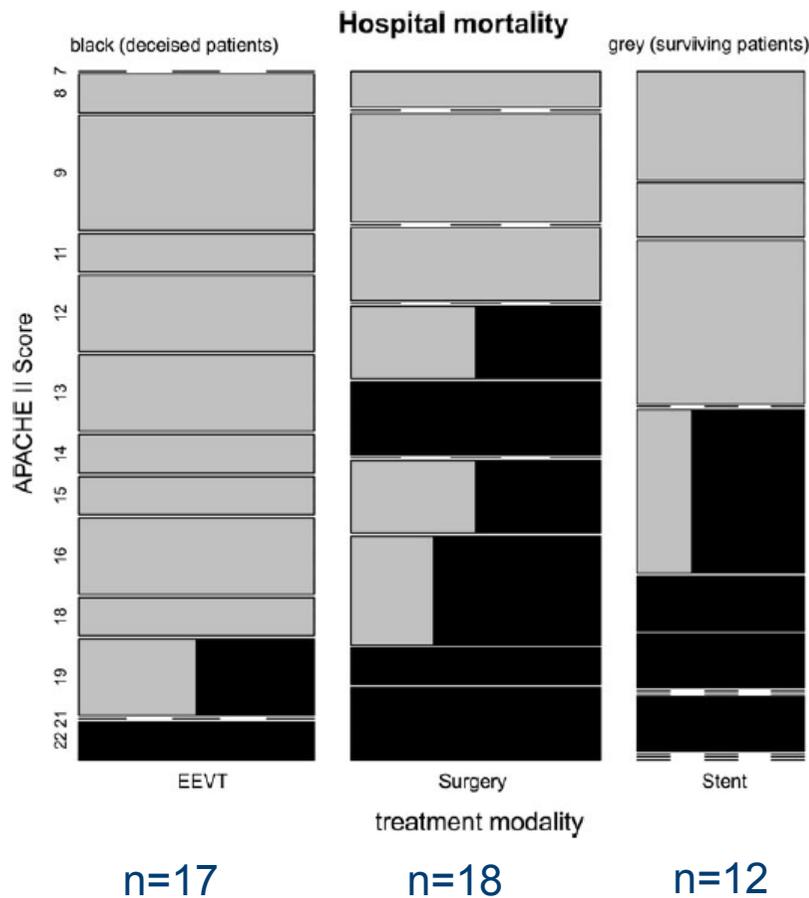
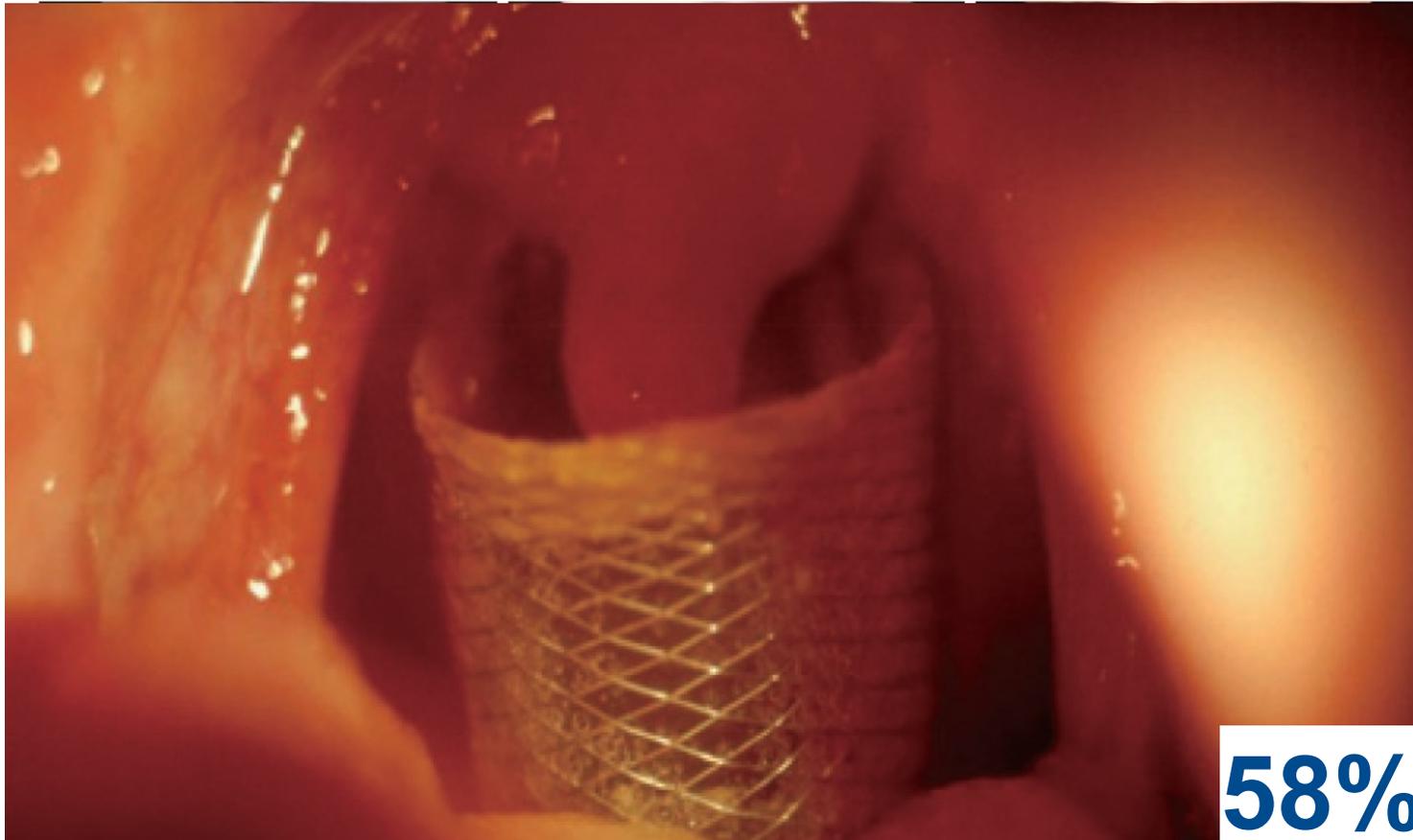


Fig. 3 In-hospital survival of patients with anastomotic leakage after esophagectomy in the patient sample matched for APACHE II score ($n = 41$)

E-V.A.C. bei zervikalen Leckagen



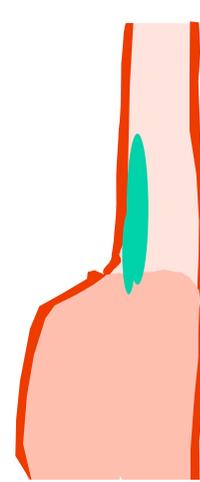
OTSC - Over The Scope Clip

- Fallserien (n<10)
 - Gräte
 - Boerhave
 - Postoperativ
 - **Post ESD/EMR**



Zusammenfassung

- Endoskopische Therapie ist der chirurgischen Revision überlegen
- Stent effektiv und etabliert
- Vakuumschwamm wertvolle Alternative
- OTSC spannend
- Kenntnis/Verständnis der postoperativen Verhältnisse



Spontan

Boerhave

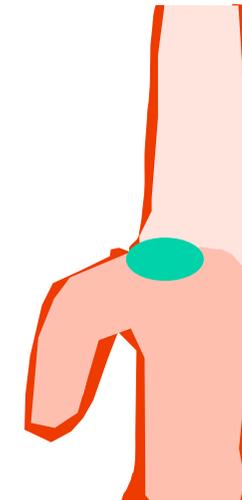
E-V.A.C.



Iatrogen

EMR/ESD
Dilatation

**STENT
OTSC**



Postoperativ

**Stent
E-V.A.C.**

Schwamm drüber....

