

## OESO Newsletter – November 2021

Message to the members of OESO,  
and to all those who have interest in Esophagology



### **The OESO-SEMPIRE** **VIRTUAL EDUCATIONAL CHANNEL** **14<sup>th</sup> meeting**

from the University of Bordeaux, France  
Hosted by Prof. **Caroline Gronnier** and **Denis Collet**  
Hôpital HAUT-LEVEQUE, Pessac, France

### **Monday, November 22, 2021**

- **Europe: CET**  
Paris, 5 – 7 pm
- **North America:**  
West Coast: 8 – 10 am  
East Coast: 11 am – 1 pm
- **South America:**  
São Paulo, 1 – 3 pm
- **Africa:** Bomet, Kenya, 7 – 9 pm
- **Asia:** Beijing,  
Midnight 12 – 2 am (November 23, 2021)
- **Australia:** Melbourne,  
3 – 5 am (November 23, 2021)

- Zoom technology applied

## GIST OF THE CASE

### A disabling case of GERD after esophagectomy

A 48 year old female with history of heartburn and episodes of dysphagia for 30 years. 46 Kg, 160 cm (BMI 17 Kg/m<sup>2</sup>)

- HRM (July 2015) **Type 2 achalasia**.
  - 2 sessions of endoscopic dilation: improvement of symptoms, gained 5 Kgs. During the last session, identification of a superficial, 18mm lesion on mid third of the esophagus.
  - Pre-operative workup: **T1 squamous cell tumor**.
  - Endoscopic removal planned in June 2015, but failed, due to submucosal fibrosis precluding submucosal dissection.
- **Ivor Lewis** procedure performed on July 2016 by laparoscopy and thoracoscopy approach.
  - Pathology: **T1 N0 R0 squamous cell cancer**.
  - Postoperative course complicated by gastroparesis which delays oral feeding.
  - Patient discharged on POD 17.
- October 2016: suffers from repeated vomits, necessitating a naso-gastric tube.
  - Endoscopy shows a large **gastric ulcer** at the site of the staple line.
  - **Endoscopic dilation** of the pylorus.
  - Oral feeding stopped and replaced by enteral nutrition by **jejunostomy** which falls 2 months later.
- January 2017: weight is 45 Kg (+ 2 Kg).
  - Endoscopy shows a **persistent ulcer** with negative biopsies.
  - Oral feeding is still very difficult,
  - Endoscopic **submucosal pylorotomy** performed with poor clinical results.
- March 2017: weight is 34 Kg.
  - Naso gastro duodenal tube placed for nutrition.
  - Enteral feeding associated with a clinical improvement.
- May 2017: weight is 45 Kg.
  - Oral feeding possible but still uncomfortable.She complains of vomiting, reflux and coughing at night.  
**Healing of gastric ulcer.**
- March 2018: **duodenal diversion** performed, with uneventful postoperative course.
- Two months later, stable weight at 44 Kg
  - oral feeding possible and sufficient,
  - but still regurgitations and episodes of vomits.

The nutritional status does not improve, due to persistent difficulties for feeding.

- June 2020: **jejunostomy**: 1 liter of enteral nutrition each night, and 3 meals per day.
- July 2021, weight is 49 Kgs, with normal oral feeding.

- Removal of the jejunostomy planned for December 2021.

**Conclusion:** severe gastroparesis after Ivor Lewis procedure in a patient who suffered from Type 2 achalasia.

Duodenal diversion performed by our team in similar, but less severe situations in 9 patients.

This time, duodenal diversion did not meet our expectations.

Our indications and results will be discussed during the session.

#### **Presentation of the case:**

- Denis **Collet** (Bordeaux)
- Caroline **Gronnier** (Bordeaux)

#### **Panel of experts for discussion:**

- George **Triadafilopoulos** (Stanford)
- Guillaume **Piessen** (Lille)
- Richard **McCallum** (El Paso)
- Bruno **Zilberstein** (Sao Paulo)

Registration is free, but mandatory.

Free registration

*Eighteen Pilot Centers worldwide are currently listed in the network of the OESO-SEMPIRE Platform of Excellence in Esophagology to take part in the program of the **OESO Virtual Educational Channel** in Esophagology. Such a program is in line with true multi-disciplinarity, the essence of OESO since its creation, and the mission defined by UNESCO in the **Chair of Digital Education** attributed in 2018, at the University of Geneva, to the OESO Foundation.*



The first thirteen "Staff meeting discussions" were organized on May 28, **2020** (Pilot Center of Milan), July 22, 2020 (Pilot Center of Stanford), October 3, 2020 (Pilot Center of Bomet, Kenya), October 29, 2020 (Pilot Center of Beijing), December 10, 2020 (Pilot Center of Geneva), January 29, **2021** (Pilot Center of Melbourne), February 25, 2021 (Pilot Center of Bordeaux), March 19, 2021 (Pilot Center of Stanford), April 15, 2021 (Pilot Center of Paris), May 26, 2021 (Pilot Center of Milan), June 23 (Pilot Center of Sao Paulo), August 21 (Asian Pacific Digestive Week) and October 19 (Pilot Center of Mainz).

- **Wherever you are in the world,**
- **Whatever your specialty,**
- **Whatever your level,**

the 14th clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global multidisciplinary staff meeting dedicated to a challenging case of esophagology.

It will involve specialists in various disciplines, and participants from any country can connect to the discussions.

Looking forward to seeing you soon!

**Robert Giuli, MD, FACS**

Professor of Surgery

Founder & Deputy Executive Director of OESO

The next clinical case coming up for discussion will be proposed by the Pilot Center of Geneva – December 9, 2021. It will focus on esophageal cancer.

*Details and time will be announced on the OESO website and in future Newsletters.*

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