1. Omental transposition to left apex dead space in post-lobectomy empyema

아주대병원 박성용

A 55-years old male patient was admitted to our department due to massive hemoptysis. He has been treated due to LUL fungal ball since 2004. For 11 years, he refused to LUL lobectomy because of economic problems, but he decided to underwent operation this time. Initially, LUL lobectomy and LLL S6 segmentectomy was performed (2015. 10). After operation, LUL space was remained in left apex, and pseudomonas was cultured via pleural fluid. To solve the space problem, we recommended thoracoplasty or Eloesser flap, but he refused all operations.

Four months later, we peformed the omental transposition to LUL apex via substernal route. Under the 7cm laparotomy, total omentectomy was done. After massive irrigation of LUL cavity, pedicled omentum was transferred to LUL apex. After operation, the pseudomonas was not cultured in pleural fluid. The drain was removed at POD #17 and he discharged at POD #19 without complications.

2. Ivor Lewis Operation and Splenecomy in a Patient with Esophageal Cancer and Isolated Gastric Varices due to Splenic Vein Obstruction

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Male / 63 years old

C.C: Alleged esophageal cancer

P.I: He was admitted for treatment of the thoracic esophageal cancer

PMHx: DM(-), HTN(-), TB(-), Hepatitis(-), Cancer (-)

Op. Hx: Laparoscopic surgery for pancreatic pseudocyst (2011, Russia)

Social Hx: Smoking (-), Alcohol (-)

EGD

Esophagus: Two musosal lesions (25-26 & 28-32 cm from UI) → Squamous cell carcinoma

Stomach: Severely dilated submucosal vessels at fundus

Chest CT: No definitely delineated known esophageal cancer

Abdominal CT

Non-visualization of splenic vein and enlarged left gastroepiploic veins & Splenomegaly (13.4cm)

→ Possible occlusion of splenic vein with collateral vessels formation

PET CT: No visible hypermetabolic lesion

Operation (1/07/2016): Ivor Lewis procedure & Splenectomy

Postoperative courses

POD #1: Tracheal extubation → Transferred to GW
POD #4: Removal of Levin tube
POD #6: Esophagogram → No leakage or stenosis
POD #7: EGD → Disappearance of the fundic varices
POD #8: Prevention of thrombosis → Aspirin Protect 100 mg/day start
POD #11: Prevention of infection → Vaccination of Menveo, Prevenar13, Vaxem Hib
POD #12: Discharged

Pathology: Squamous cell carcinoma (x2), mid and lower esophagus

Tumor size: 2.3 x 1.5 cm & 1.5 x 1.0 cm / Depth of invasion: muscularis propria (pT2)

Lymphovascular, Neural invasion: absent / Negative resection margins: proximal 5 cm, distal 18 cm

No metastasis in 53 regional lymph nodes (0/53, pN0)

Discussion

1. Is the stomach with isolated fundic varices suitable for the esophageal substitute?

2. Was the splenectomy mandatory in this patient?

3. Pulmonary mucinous adenocarcinoma mimicking mediastinal tumor

충북대병원 김도훈

A 54 years old female patient was transferred due to posterior mediastinal mass. Cough and sputum were prominent but fever or other infective sign was not found. Chest computed tomography showed 7.5cm sized cavitary lesion which is located in posterior mediastinum. Air-fluid level was seen in the mass but other lung field and lymph node were clear. The impression was lung abscess or infected bronchogenic cyst. Video-assisted thoracoscopic surgery (VATS) exploration was performed via 3 ports. There was no pleural adhesion or nodularity, but the pin-point rupture was found on the mass and mucous material was drained through the hole. Frozen biopsy was done with the specimen and adenocarcinoma favoring primary lung origin was diagnosed. Further procedures were not proceeded because staging work-ups including PET-CT, brain MRI, bronchoscopy, and pulmonary function test was not performed. Distilled water irrigation was done and Neoveil™ was applied on the hole to prevent cancer spillage.

Routine work-ups showed no lymph node or distant metastasis, and then VATS RLLobectomy was decided. Although soft tissue was thickened around the inferior pulmonary vein, lobectomy was done without complications. The patient showed good post-operative conditions. Pathologic reports read as T2aN0 pulmonary mucinous adenocarcinoma with clear resection margin.

4. A case of successful curative resection following downsizing chemoradiation therapy in initially unresectable locally advanced regional lymph nodes for patients with clinical stage III esophageal squamous cell carcinoma (ESCC)

서울대병원 현관용, 박샘이나, 황유화, 이현주, 박인규, 강창현, 김영태

Although tri-modality therapy, consisting of neoadjuvant chemoradiation followed by surgery, is an acceptable standard of care in patients with locally advanced esophageal

cancer, the efficacy for patients with clinical stage III ESCC (cT1-3N1-3) remains to be elucidated. We report a case which showed an important role for chemoradiation therapy and surgery in the local control of "unresectable" regional lymph node disease, but failed to achieve distant relapse-free event.

56 year-old male was referred for the treatment of cT3N2M0 mid-esophageal ESCC, accompanying enlarged right supraclavicular lymph node (LN), which is 6 cm in diameter and abutting vertebral artery. Feeding jejunostomy for enteral nutrition and preoperative chemoradiation therapy were initiated. The patient underwent Mckeown operation with 3-field LN dissection 1 month later. As the neck mass had changed to an ulcerative fistula to skin after induction chemoradiation, neck wound was reconstructed with pectoralis major musculocutaneous flap by plastic surgery at the same time. Since Rt. supraclavicular LN was in close proximity to vagus nerve and subclavian artery, the dissection was performed under partial sternotomy, resulting in complete mass removal in the cost of vagus nerve division and primary repair of subclavian artery. Permanent pathology revealed pT3N1 ESCC with positive radial margin and minimal pathologic regression. There were also necrotic tissue on neck mass without tumor involvement onto the subclavian artery. The patient was discharged home after adjuvant radiation therapy on the 36^{th} postoperative day. Unfortunately, a follow-up chest CT scan 3 months following surgery showed multiple metastatic lesions on liver, kidney and right lung, which led adjuvant chemotherapy in the near future.

Regional lymph node disease in locally advanced ESCC could be considered separately from truly unresectable disease, especially when it has non-circumferential arterial involvement or abutment. Negative resection margin can sometimes be achieved after neoadjuvant chemoradiation therapy. In addition, we should bear in mind the chances of having distant relapse after tri-modality therapy, especially in a pathological non-responder to neoadjuvant chemoradiation therapy.

5. A large size of complicated hiatal hernia

: Laparoscopic repair of hiatal hernia & fundoplication

삼성서울병원 조종호

Brief Case

2012. 11 08 Came to the ER for the management of melena (Hb 5.8)

- > Upper GI bleeding, Gastric ulcer and hiatal hernia

- > Bleeding control via EGD

2014.03 anemia (Hb 8.0)

- > IDA / EGD: Chronic gastritis, aggravation of hiatal hernia

- > Feroba (2015.03~) + PPI long-term tx

2015.10.11 Visited to ER for Hematemesis (5 times, Hb 9.7 <- 12.1)

- > PPI CIV, Aggravation of hiatal hernia

- > Rec) Surgical correction

- > Reluctant & refused surgery

2016.01.14 Episode of severe vomiting during the US trip, Visited to ER

- > Rec) Surgical correction of hiatal hernia

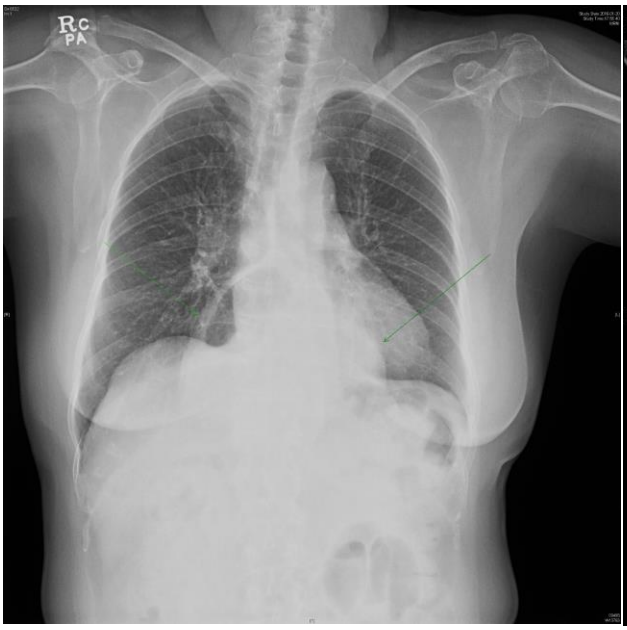
2016.02.01 Patient decided on the surgical treatment.

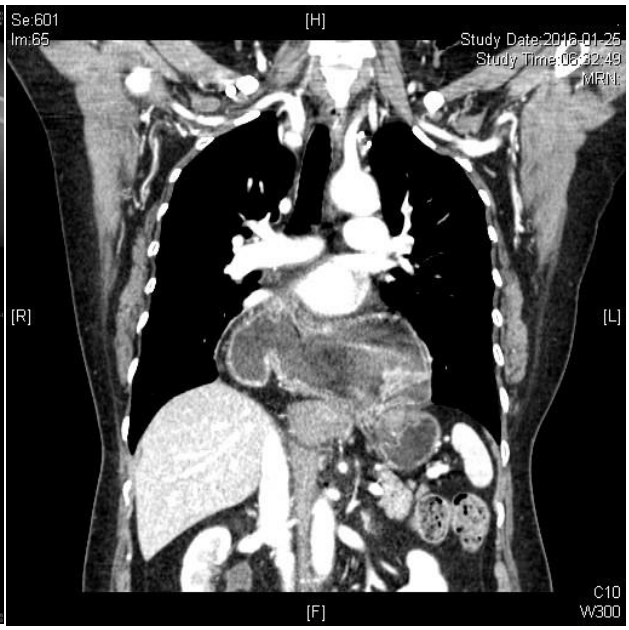
- > Laparoscopic repair of hiatal hernia, and toupet fundoplication

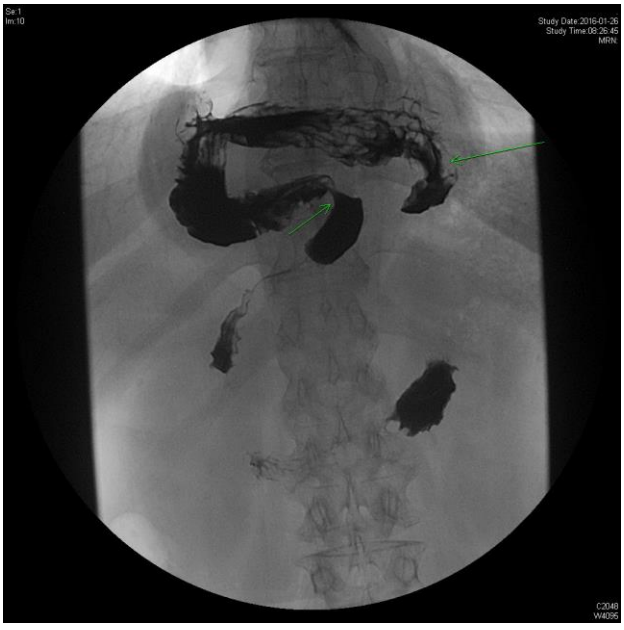
2016.02.02 POD 1, Esophagography : No significant findings. No esophageal leakage.

2016.02.05 Discharged.

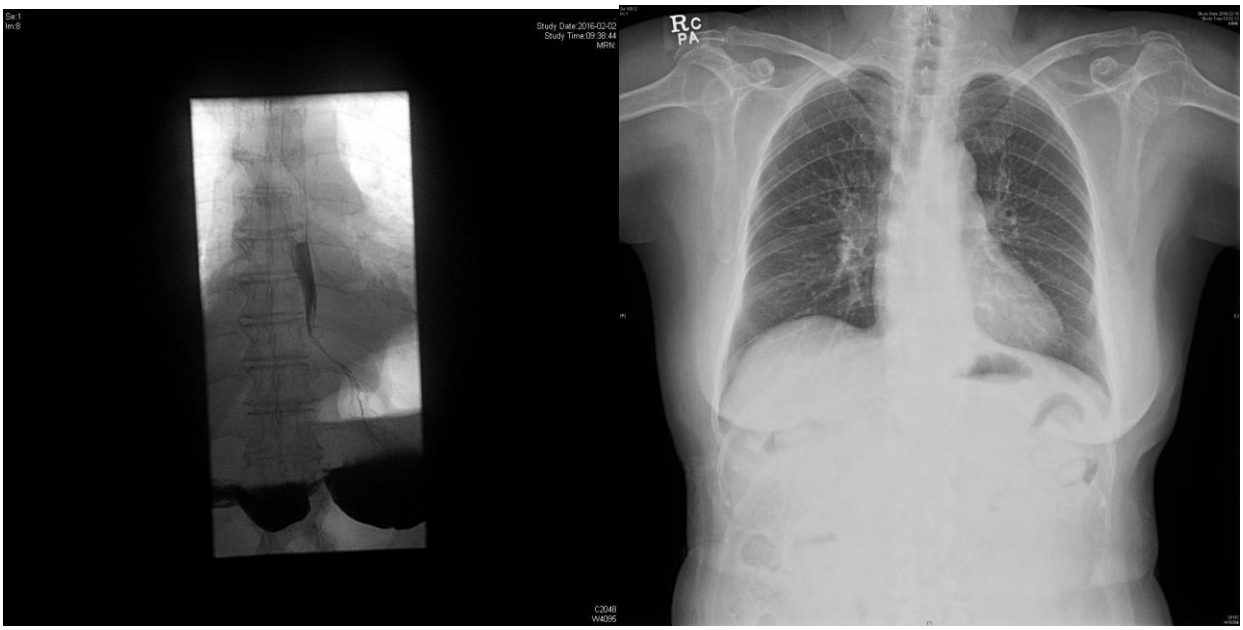
Preoperative imaging study)







Postopeative imaging study)

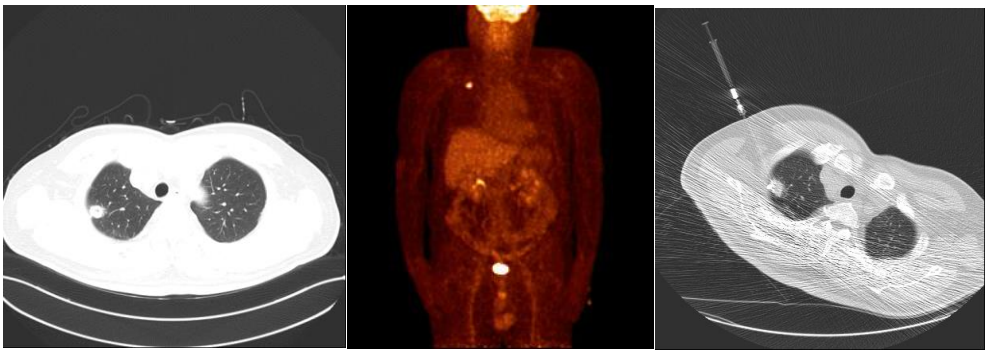


6. Visualization of sentinel lymph node using percutaneous ICG injection and near infrared fluorescence thoracoscope

고대구로병원 김현구, 한국남, 최영호

63 세 폐암 환자에서 수술 전 폐병변에 대해 경피적 wire 삽입 및 lipiodol, ICG 를 이용해 dual localization 을 CT 유도 하 시행하였다. 폐병변에 대해 ICG 국소화 후 Sentinel lymph node 를 따라 ICG fluorescence 를 확인할 수 있었고 이를 토대로 mediastinal lymph node 를 절제하고 sentinel lymph node 를 확인하였다. Fluorescence thoracoscope 상 ICG 가 확인된 lymph node 11 번, peribronchial, mediastinal 4R lymph node 에서 frozen biopsy 상 metastasis 는 관찰되지 않았다. Near infrared fluorescence thoracoscope 는 통해 폐암수술 시 폐병변 국소화에 유용할 것으로 판단되고 폐암 전이 경로인 sentinel lymph node 절제 시 유용할 것으로 판단된다.

Patient M/63, NSCLC, cT1aN0M0



Intraoperative fluorescent thoracoscopic finding