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Transthoracic versus Transhiatal Esophagectomy: A Permanent Dilemma. Our 15-year Experience

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Abstract
Objective: Controversy still exists regarding the optimal surgical management of esophageal cancer. This study was performed to determine and compare early and late morbidity, mortality and overall survival after transthoracic (TTE) and transhiatal esophagectomies (THE).
Methods: Between 1997-2011, 100 patients underwent TTE or THE for squamous esophageal carcinoma (90 patients) and adenocarcinoma (10 patients). Assessed parameters included patient demographics, operative data, pathology results, postoperative morbidity and mortality and 1-3 year survival.
Results: Thoracic approach was preferred in cases of more advanced tumors, located in the upper and mid-third of the esophagus, in patients with a better cardiopulmonary status. Perioperative blood loss was significantly higher after transthoracic resections (p=0.0004) and these surgeries took significantly longer than transhiatal esophagectomies (p=0.02). We identified complications in 70.7% patients who underwent TTE and in 59.3% patients with transhiatal approach. Respiratory complications were statistically significant in the TTE- group (p-0.0003). The 30-day mortality rates were 12.2% for patients in TTE group and 10.1% in THE patients group, respectively. The mortality rate for the entire period of the study has been calculated at 84.4%. We have identified a survival rate after 1 year of 62.2%, after 2 years of 39.3% and after 3 years – 15.1%.
Conclusions: According to the results of this study, both procedures appear to be acceptable depending on surgeon preference and appropriate patient selection.
Key words: transthoracic esophagectomy, transhiatal esophagectomy, morbidity, mortality, survival

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