

STAGING ECHOENDOSCOPY IN ESOPHAGOGASTRIC CANCER PATIENTS ONGOING SURGERY

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Background

Nowadays, esophagogastric echoendoscopy is the gold standard technic to asses primary tumor deepness invasion, with a 77-93% sensibility. This technic has demonstrated to be much more specific to determine the "T" (size of the original tumor and whether it has invaded nearby tissue) rather than standard CT. However, the sensibility to asses the "N" (regional lymph nodes involved) is lightly superior than CT.

An accurate locoregional staging is highly important as surgery will rely on it, and as far as we know is the only curative treatment for non metastatic esophagogastric tumors.

Our main goal is to demonstrate whether is equivalence between pre-surgery echoendoscopy staging results and anatomopathological staging of the surgical piece.

Methods

We realized a retrospective study based on the clinical history of 36 esophagogastric cancer patients in which an echoendoscopy was performed the month before surgery to asses the tumor staging (based on TNM classification) in our hospital from the year 2010 up to the present day.

Results

Mean age at diagnosis was 65 years, range from 43 to 76 years. Localization was, 11.4% esophageal and 88.6% gastric or esophagogastric union. Adenocarcinoma was the most frequent histology (91.4%) versus escamous carcinoma (only 8.6%).

From the 36 patient studied, 7 of them (19.4%) presented stage I, 22 (61.2%) stage II and 7 patients (19.4%) stage IIIA.

In the anatomopathological staging, 5.5% had no signs of tumor, 22.2% presented stage I, 38.8% stage II and 33.5% stage III (33.3% of which were IIIA and 66.7% IIIC).

Conclusion

In our experience, in only 16.6% of the cases the echoendoscopy staging was similar to the anatomopathological staging. In 38.5%, echoendoscopy overestimates tumoral anatomopathological results and in 44.5% infraestimates the posterior surgical piece results.

