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LETTER TO THE EDITOR

Letter to the Editor: Stenting in Palliation of Unresectable Esophageal Cancer

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Dear Editor,

We read with great care and interest the article on stenting in palliation of unresectable esophageal cancer by Wlodarczyk and Kuzdzal [1] in the June 2018 issue of World Journal of Surgery.

First of all, we wish to congratulate the authors on this scientific report and on their dedication to better understanding of this very significant disease and its treatment modalities, especially in the cases of advanced stages.

This was a retrospective study with prospective data collection, which included 442 patients who underwent esophageal stenting procedure. The authors wanted to evaluate the safety and efficacy of stenting in patients with esophageal squamous cell carcinoma and carcinoma of the esophagogastric junction, complications, re-interventions and survival after the treatment.

Our concerns are in regards to the exact stage of the esophageal cancer and its possible resectability. According to Ajani et al. [2], patients with esophageal cancer can be divided into two groups: locoregional cancer (stages I–III) and metastatic cancer (stage IV). Patients with locoregional cancer must be treated surgically, unless there are severe comorbidities that present major risk factors for complications and mortality of anesthesia and surgery. We think that it would have been very useful if Wlodarczyk and Kuzdzal had stated in their study the exact cancer stage of the patients that underwent palliative esophageal stenting. In their study on 2626 patients over the age of 65 (Surveillance, Epidemiology, and End Results—SEER), Smith et al. [3] showed that in patients with advanced locoregional disease (T3-T4aN0 or T1-4aN1), the best results are obtained combining preoperative chemotherapy and surgery. Thus, we think that it would be very interesting if the authors stated the exact stage and what were the main criteria for non-resectability.

According to European Society of Gastrointestinal Endoscopy (ESGE) clinical guidelines [4], brachytherapy can be used in addition to palliative stenting in esophageal cancer patients. Brachytherapy may provide better quality of life and survival rate [4]. We feel that additional data on brachytherapy, if it was considered as a therapeutic modality at all in the study by Wlodarczyk and Kuzdzal, could give useful guidelines in treating patients with advanced esophageal cancer.

Wlodarczyk and Kuzdzal stated that they performed double stenting (synchronous stenting of airway and esophagus) in patients with unresectable esophageal cancer that had involved airway. Shin et al. [5], in their study on 61 patients with esophagorespiratory fistulas, placed with success SEMS in 51 patients, while only 10 patients needed double stenting. They managed to seal off the fistula in 49 patients, while only 10 (16%) needed a concomitant airway stent. According to clinical guidelines [4], esophageal stenting is recommended as the best treatment for sealing esophagorespiratory fistulas (tracheoesophageal or bronchoesophageal). Also, application of double stenting can be considered in cases when fistula occlusion is not accomplished by esophageal stenting alone [4].

We hope that these additional data would give more accurate directives in treating patients with advanced-stage esophageal cancer, in order to define the best approach and therapeutic strategy.

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