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**THORACIC
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11th International Meeting on General Thoracic Surgery



Hospital
Universitari
Sagrat Cor

10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



5th Meeting of the Thoracic Oncology, Thoracic
Surgery, Techniques & Transplant, Respiratory Nursing
and Respiratory Physiotherapy Areas of the Spanish
Society of Pneumology and Thoracic Surgery (SEPAR)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
de Cirugía Torácica" AIACT



10th International Workshop on Surgical Exploration of the
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LYMPHADENECTOMY IN OESOPHAGEAL CANCER

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Squamous cell carcinoma of the oesophagus has a high incidence of lymph node metastases in the mediastinum and abdomen. The efficacy of lymph node dissection is assessed by the frequency and 5-year overall survival rate (efficacy index; EI).

The Japanese Esophageal Society reported the frequency and EI in three classified parts upper, middle, and lower mediastinum. The upper mediastinal lymph node was observed to have the highest frequency and EI in all three tumor locations¹). Minimally invasive oesophagectomy (MIE) has already been widely accepted in the world. MIE has started to take a paradigm shift towards robotic esophagectomy. The main advantage of MIE is the magnified anatomy, which contributes to be a standardized surgical procedure. We show our standardized robotic upper mediastinal lymph node dissection based on the concentric three-layer mediastinal surgical model.

Reference

1. Efficacy of lymph node dissection by zones according to tumor location for esophageal squamous cell carcinoma
Esophagus 2016, 13:1-7
Yuji Tachimori, Soji Ozawa, Hodaka Numasaki et al.