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Extended lymphadenectomy and Multiorgan Resection for Adenocarcinoma of Gastroesophageal Junction

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Background: To Study the extent of the lymphadenectomy and the value of resection of combined visceral organs in surgical treatment of the carcinoma of gastroesophageal junction (GEJ).

Methods: 323 patients with GEJ who underwent surgical resection had been treated as follows: 256 with proximal gastrectomy, 67 with total gastrectomy 185 with a combined-visceral resection, of which 154 underwent a splenectomy plus partial pancreatectomy, 21 with splenectomy alone and 10 with partial hepatectomy and diaphragmatectomy.The extent of lymphadenectomy was divided into five types(D0 to D4) and the curability of operation was graded as A, B and C.

Results: The total patients were divided into 3 groups: 138 with a gastrectomy alone, 21 with gastrectomy and splenectomy, and 164 with gastrectomy and splenectomy plus pancreatectomy and other organ. There were 185 patients who underwent a gastrectomy combined with a splenectomy and (or) the pancreatectomy, in which 222 No.10 lymph nodes were eliminated. Among the 138 patients not received a splenectomy but with elimination of lymph nodes, 154 underwent a gastrectomy combined partial a pancreatectomy, of which 231 lymph nodes were eliminated for the No. 11 group.

The overall survival rates were similar in the 3 groups showing no statistical differences, but was higher in the Stage III patients with a combined resection of multi-organs.For patients in the Stage IV without resection of multi-organs, the survival rate was higher. The lymph node metastasis occurred in 242 cases (75.0%). The metastasis rate in the group 1, 2, 3, 4, 7, 9, 12 , 110 and the pulmonary ligament group were higher than other groups. 4268 lymph nodes were removed, in which 912 (21.4%) demonstrated the existence of metastasis. The total ratio of metastatic lymph node in these groups was higher compared to the other groups.

Conclusions: The survival rate in the D1 lymphadenectomy and D2 was similar for all patients, and there may be some differences in the 2nd and 3rd years for the stage-IIIb patients. The survival rate of D2 lymphadenectomy in stage IIIb was better than D1 and that was superior to D1 in stage-IV patients. The survival rate of grade A and B operation was much better than grade C, and the survival rate of grade A was also higher than B.

The combination of a splenectomy and partial pancreatectomy result in a higher survival rate and had an important significance for eliminating the lymph nodes of group 10 and 11. The application of a resection combining multi-organs should be based on on the condition that the cancerous tissue is totally resected .