

Outcomes of Colon Interposition as an Esophageal Substitute

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Abstract

Although rarely reported in the literature, adenomatous polyp and adenocarcinoma can occur as a late complication in an interposed colonic segment. Colon interposition, although often well tolerated, can be associated with restenosis, polyps or rarely adenocarcinoma.¹ Very few cases of adenocarcinoma of the interposed colonic segment have been reported in the literature. Early detection and treatment can improve morbidity and mortality, especially if patients are young with good life expectancy. Colonic interposition for oesophageal reconstruction has been performed for almost 100 years. It is generally performed for not only malignant disease of the oesophagus but also for benign oesophageal disease, such as lye-induced strictures or oesophageal injury from trauma if gastric pull-up procedures are not technically feasible. It has been shown to lower postoperative morbidity and mortality as well as improve long-term quality of life. I describe the outcomes of colon interposition for late stage adenocarcinoma of the esophagus in a tertiary care setting and also about other treatment options.

Biography

Dr. Sadhvikha Ramji completed her medical education at the age of 24 from Stanley Medical College, Chennai, India. She is passionate about general surgery and has had numerous clinical experiences across various top hospitals in the United States.

She is a member of the American Association for Women Surgeons and is currently a research fellow in Thoracic and Cardiovascular Surgery at the Cleveland Clinic, Ohio.