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Summary

LONG-TERM RESULTS AFTER TAILORED LYMPHADENECTOMY USING SENTINEL NODE NAVIGATED SURGERY IN HIGH-RISK T1 ESOPHAGEAL ADENOCARCINOMA PATIENTS

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Oesophagus

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Long-term follow-up of sentinel node navigated surgery after endoscopic resection of high-risk T1 esophageal adenocarcinoma showed no esophageal cancer-related metastases in 10 patients over a median 23 months.

KEY POINTS

- Ten patients with high-risk T1 esophageal adenocarcinoma (deep submucosal invasion, poor differentiation, or lymphovascular invasion) underwent sentinel node navigated surgery after radical endoscopic resection, with a median of 3 sentinel nodes resected per patient.
- Two patients (20%) had sentinel node metastases at surgery but were managed with surveillance; after median 23 months follow-up, none of the 10 patients developed lymph node or distant metastases related to esophageal cancer.
- Three patients (30%) developed new visible lesions in residual Barrett esophagus during follow-up, all successfully treated with repeat endoscopic resection showing low-grade dysplasia, high-grade dysplasia, or T1m2 adenocarcinoma without lymphovascular invasion.
- No patients developed functional gastroesophageal disorders during follow-up; one patient died from an unrelated second primary tumor with distant metastases at 12 months.
- The authors conclude sentinel node navigated surgery appears feasible and safe for tailoring lymphadenectomy in this population, though its exact position in treatment algorithms requires further study.

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