

OESO Newsletter - October 2024

Message to the members of OESO, and to all those who have interest in Esophagology



The **OESO-SEMPIRE**

VIRTUAL EDUCATIONAL CHANNEL 36th meeting

From:

Division of Upper GI & Metabolic Surgery, Department of Surgery,

Prince of Wales Hospital, Faculty of Medicine, The Chinese University of Hong Kong

Hosted by: **Prof. Philip WY CHIU**

MBChB (CUHK), FRCSEd (Gen), FCSHK, FHKAM (Surgery)
Professor of Robotic Surgery
Director of Multi-Scale Medical Robotics Center
Dean, Faculty of Medicine, The Chinese University of Hong Kong

Wednesday, October 9, 2024

- Hong Kong | Time HKT: 9 10.30 pm
- Europe CET:

Paris: 3 – 4.30 pm UK: 2 – 3.30 pm

North America:

West Coast: 6 – 7.30 am East Coast: 9 – 10:30 am

South America:
 São Paulo:
 10 – 11.30 am

Africa:

Bomet, Kenya: 4 – 5.30 pm

• Asia: Malaysia,

Kuala Lumpur: 9 – 10.30 pm Beijing: 9 – 10.30 pm

• Australia:

Melbourne: 12 midnight – 1.30 am (Thu, Oct 10)

Buenos Aires: 10 – 11.30 am Santiago Chile: 10 – 11.30 am

· Zoom technology applied

Registration is free, but mandatory:

Free registration





Presenter of the case:

• Dr. Victor Hau

Moderator:

Hon Chi Yip, Assistant Professor

1. Multidisciplinary management of esophageal SCC

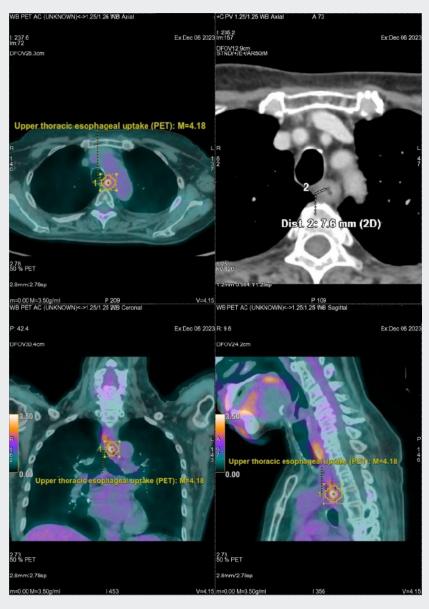
- Patient referred for solitary esophageal lesion for ESD.
- Repeated endoscopy found multi-focal early tumors from cervical esophagus at level of cricopharyngeus extending to abdominal esophagus.
- The cervical cancer appeared as endoscopic **T1a** cancer, while suspicious SM invasive cancer was observed in the distal portion.
- PET-CT showed no distant metastasis.

After discussion, cervical esophageal ESD was performed to resect the proximal lesions (Pathology confirmed T1a cancer with clear margin). The patient then underwent 3-stage esophagectomy with extended two field LN dissection.

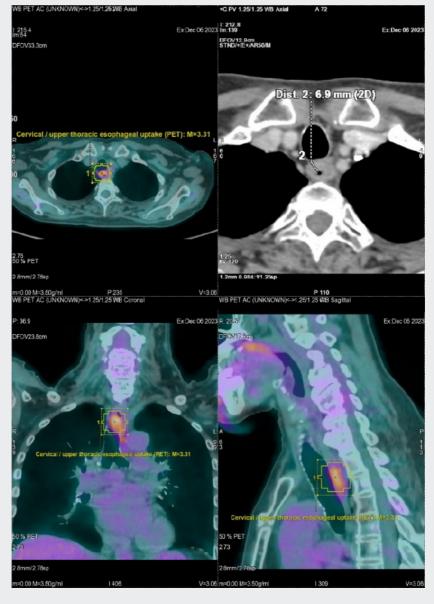
Final pathology showed multifocal cancers. The most advanced one was T1sm, N1 disease with 2 out of 3 lymph node involvement at left recurrent laryngeal nerve chain.



Upper esophageal nodular lesion



PET-CT scan
Upper thoracic esophageal mural thickening and metabolic uptake



Synchronous cervical esophageal tumor with esophageal wall thickening and metabolic uptake

2. Management of post-esophagectomy delayed gastric emptying

- Starting 1 week after surgery, the patient had delayed gastric emptying, requiring two episodes of endoscopic dilation, the second one with Botox injection. Symptoms then resolved.
- 5 months after, symptoms recurred, and the patient just received another endoscopic dilation and Botox injection.
- G-POEM is planned as long term management of recurrent delayed gastric emptying after esophagectomy.



Post-operative fluoroscopy – Contrast hold-up at pylorus level

Multi-disciplinary panel

- Prof. Philip Chiu (Hong Kong)
- Prof. Richard van Hillegersberg (Utrecht)
- Prof. Noriya **Uedo** (Osaka)

Topics for discussion

- Multidisciplinary management of SCC of the esophagus
- · Management of post-esophagectomy delayed gastric emptying



Thirty-four Pilot Centers worldwide are currently listed in the network of the OESO-SEMPIRE Platform of Excellence in Esophagology to take part in the program of the **OESO Virtual Educational Channel in Esophagology**.



Such a program is in line with true multi-disciplinarity, the essence of OESO since its creation, and the mission defined by UNESCO in the **Chair of Digital Education** attributed in 2018, to the OESO Foundation at the University of Geneva.



The previous "Staff meeting discussions" were organized in

- 2020: May 28 (Pilot Center of Milan), July 22 (Pilot Center of Stanford), October 3 (Pilot Center of Bomet, Kenya), October 29 (Pilot Center of Beijing), December 10 (Pilot Center of Geneva),
- 2021: January 29 (Pilot Center of Melbourne), February 25 (Pilot Center of Bordeaux), March 19 (Pilot Center of Stanford), April 15 (Pilot Center of Paris), May 26 (Pilot Center of Milan), June 23 (Pilot Center of Sao Paulo), August 21 (Asian Pacific Digestive Week), October 19 (Pilot Center of Mainz), November 22 (Pilot Center of Bordeaux), December 9 (Pilot Center of Geneva),
- 2022: January 20 (Pilot Center of Kota Bharu), February 22 (Pilot Centers of Beijing, Shanghai and Guangzhou), March 24 (Pilot Center of Boston), May 4 (Pilot Centers of Melbourne and Kenya), July 19 (Pilot Center of Kota Bharu), September 23 (Pilot Center of Milwaukee, Wisconsin), October 8 (Pilot Center of Chile), December 14 (Pilot Center of Geneva),
- 2023: January 11 (Pilot Center of Stanford), February 26 (Pilot Center of Malaysia), March 23 (Pilot Center of Boston), May 24 (Pilot Center of Paris), June 1 (Pilot Center of Chile), September 28 (Pilot Center of Milwaukee, WI), November 30 (Pilot Center of Geneva and London) and December 18 (Pilot Center of Zurich),
- 2024: January 24 (Pilot Center of Houston, Texas), February 20 (Pilot Center of Verona), June 5 (Pilot Center of Guangzhou) and July 18 (Pilot Center of Bomet).



- · Wherever you are in the world,
- · Whatever your specialty,
- Whatever your level,

the 36th clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global staff meeting dedicated to a challenging topic of esophagology.

Participants from any country can connect to the discussion.

Looking forward to seeing you soon!

Robert Giuli, MD, FACS Professor of Surgery Founder & Deputy Executive Director of OESO

The next 37th clinical case coming up for discussion will be announced on the OESO website and in the next newsletter.

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