



World Organization for Specialized Studies
on Diseases of the Esophagus

OESO Newsletter – March 2025

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



The **OESO-SEMPIRE**

VIRTUAL EDUCATIONAL CHANNEL
39th meeting

From:

Division of Abdominal Digestive Surgery, Department of Surgery,
University Hospitals of Geneva

Hosted by:

Professor Prof. **Stefan Mönig**

Wednesday, March 5, 2025

- Geneva | CET Time: 4 – 6 pm

- **Europe CET:**

Paris: 4 – 6 pm

UK: 3 – 5 pm

- **North America:**

West Coast: 7 – 9 am

East Coast: 10 – 12 noon

- **South America:**

São Paulo:

12 noon – 2 pm

Buenos Aires:

12 noon – 2 pm

Santiago Chile:

12 noon – 2 pm

- **Africa:**

Bomet, Kenya: 6 – 8 pm

- **Asia:**

Beijing:

11 pm – 1 am (Mar. 6)

Kuala Lumpur:

11 pm – 1 am (Mar. 6)

- **Australia:**

Melbourne:

2 – 4 am (Mar. 6)

- Zoom technology applied

Registration is free, but mandatory:

Free registration



Challenges in the surgical management of very large hiatal hernia

GIST OF THE CASE

Presenter of the case:

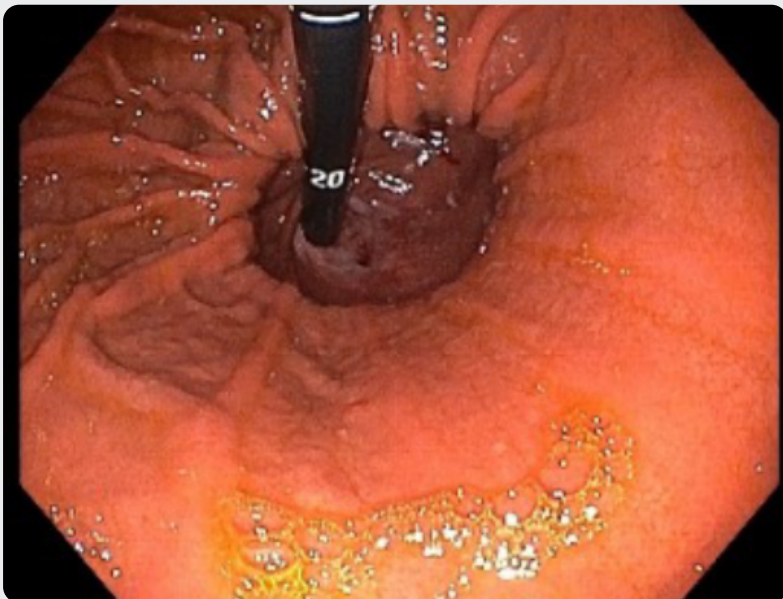
- Dr. Mickael **Chevallay**

A 72-year-old female patient with a history of Asthma.
Pulmonary Embolism in 2015.

The patient has experienced multiple respiratory infections (pneumonia) with increased frequency of asthma exacerbations, chronic cough, and dyspnea.

Diagnostic workup:

- **Upper endoscopy** (*Figure 1*):
 - Large hiatal hernia, no signs of esophagitis



- **Esophageal manometry:**
 - Hiatal hernia of 4 cm.
 - Obstruction at the level of the esophagogastric junction, likely secondary to the large hiatal hernia.
 - Hypotonic esophageal contractions.
- **EGD with contrast transit** (*Figure 2*):
 - Type III hiatal hernia with reflux, contrast stasis in the esophagus.

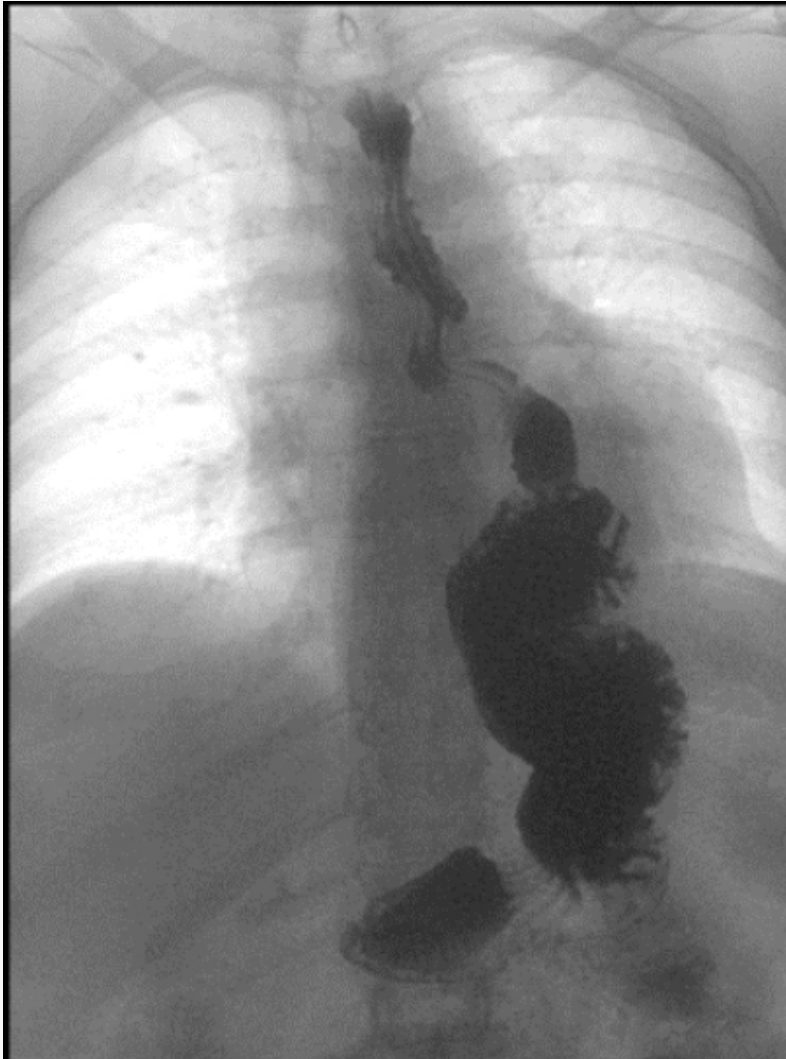


Figure 2

- **CT scan of chest and abdomen** (*Figure 3*):
 - Very large hiatal hernia with 2/3 of the stomach displaced.
 - Infiltration of the lower pulmonary lobe suggestive of subclinical infections.



Figure 3

Clinical considerations:

Given the severity of the hiatal hernia, associated reflux, and impact on pulmonary function, surgical intervention is considered.

Surgery

- Robot assisted laparoscopy.
- Mobilisation of the esophagus and fundus with complete resection of the sac.
- Hiatoplasty with non-resorbable sutures and reinforced by pledges.
- Dor fundoplication.
- No complications. Patient discharged on day 5.
- 3 months postop: no problems, no new infection.

Panel for discussion:

- **S. Mönig** (Switzerland)
- **M. Chevallay** (Switzerland)
- **J. Zacherl** (Austria)
- **G. Schumacher** (Italy)
- **O. Scrobic** (Serbia)
- **Y. Borbély** (Switzerland)
- **S. Giacomuzzi** (Italy)
- **D. Bertolini** (Switzerland)
- **S. Preston** (United Kingdom)

Topics for discussion:

1. Indications for surgery:

- In elderly patients with comorbidities, when should surgery be prioritized?
- What are the main determinants for choosing surgery over conservative management?

2. Advantages of robotic surgery:

- Is robotic-assisted hiatal hernia repair superior to laparoscopy in terms of patient outcomes and complication rates?

- Does robotic surgery improve precision and reduce recurrence rates in large hernia repairs?
- 3. **Optimal hernia repair and use of mesh:**
 - When is mesh reinforcement indicated in giant hiatal hernia repair?
 - What are the risks of mesh-related complications in this patient population?
- 4. **Choice of fundoplication:**
 - Partial vs. complete fundoplication: what is the best approach for patients with hypotonic esophageal motility?
 - How does the choice of fundoplication impact postoperative reflux control and dysphagia?

This case highlights the complexity of managing very large hiatal hernias, particularly in elderly patients with respiratory comorbidities. Surgical approach must be carefully tailored to balance symptom relief, functional outcomes, and postoperative risks.



*Thirty-seven 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), July 18 (Pilot Center of Bomet), October 9 (Pilot Center of Hong Kong) and November 27 (Pilot Center of Houston, Texas).
- **2025:** January 22 (Pilot Center of Beijing).



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

the 39th clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global staff meeting dedicated to one 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 40th clinical case coming up for discussion will be presented by the Pilot Center of Rio Grande do Sul (Brazil), hosted by Prof. Richard Gurski.

OESO Head Office
2, Bd Pershing
75017 Paris, France
Tel. + 33 (0)1 55 37 90 15
email: michele.liegeon@oeso.org
www.oeso.org



OESO will not supply your Personal Data to any third party for marketing purposes, whether directly or indirectly.

This email has been sent to {{ contact.EMAIL }} You received this email because you are registered by OESO.

[Unsubscribe](#)

