



World Organization for Specialized Studies
on Diseases of the Esophagus

OESO Newsletter – May 2025

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



The **OESO-SEMPIRE**

VIRTUAL EDUCATIONAL CHANNEL

40th meeting

From:

Digestive Surgery Division, Gastroenterology Department
Hospital das Clínicas,
São Paulo University Medical School, São Paulo, Brazil

Hosted by:

Professor **Rubens Sallum**
Head of Esophageal Surgery Unit

Thursday, May 8, 2025

- São Paulo Time 11 am – 12.30 pm
- **Europe CET:**
 - Paris: 4 – 5.30 pm
 - UK: 3 – 4.30 pm
- **North America:**
 - West Coast: 7 – 8.30 am
 - East Coast: 10 – 11.30 pm
- **South America:**
 - São Paulo: 11 am – 12.30 pm
 - Buenos Aires: 11 am – 12.30 pm
- **Africa:**
 - Bomet, Kenya: 5 – 6.30 pm
- **Asia:**
 - Beijing: 10 – 11.30 pm
 - Kuala Lumpur: 10 – 11.30 pm
- **Australia:**
 - Melbourne: 0 Midnight – 1.30 am (May 9)

Santiago Chile:
10 am – 11.30 pm

- Zoom technology applied

Registration is free, but mandatory:

Free registration



Esophageal fistula treated with endoscopic vacuum therapy after redo fundoplication

GIST OF THE CASE

Presenter of the case:

- **Dr. André Fonseca Duarte**
São Paulo University
Medical School

- A 65 years old female patient underwent a Nissen fundoplication and hiatoplasty with hiatal mesh surgery for symptomatic GERD, 17 years before the present evaluation (Figure 1).
- In 2024, the patient presented progressive dysphagia associated with epigastric pain and heartburn.
Current symptoms worsen after each meal.
- Endoscopy at that time, showed a retraction with minor erosions sizing less than 5mm, located 2cm above the EGJ with migration of fundoplication.
- Biopsies of erosions were negative for cancer and consisted in chronic esophagitis with reparative alterations.
- Contrast swallow at that time is represented in Figures 2 and 3.
- Redo operation was indicated: intraoperatively, intrusion of the mesh was confirmed as cause of the dysphagia (Figure 4).
Removal of the mesh with expected difficulty.
Two sites of fistula, separated by a 1cm septum, were found at distal esophagus, and confirmed by intraoperative endoscopy (Figure 5).
The 2 fistulas were then treated with septotomy and endoscopic vacuum therapy, with endoscopy being performed every week to observe evolution.
- Following 8 weeks of vacuum therapy (Figure 6), complete closure of the fistulas was observed, confirmed by endoscopy and contrast swallow.

The patient was successfully discharged without any of the previous symptoms.

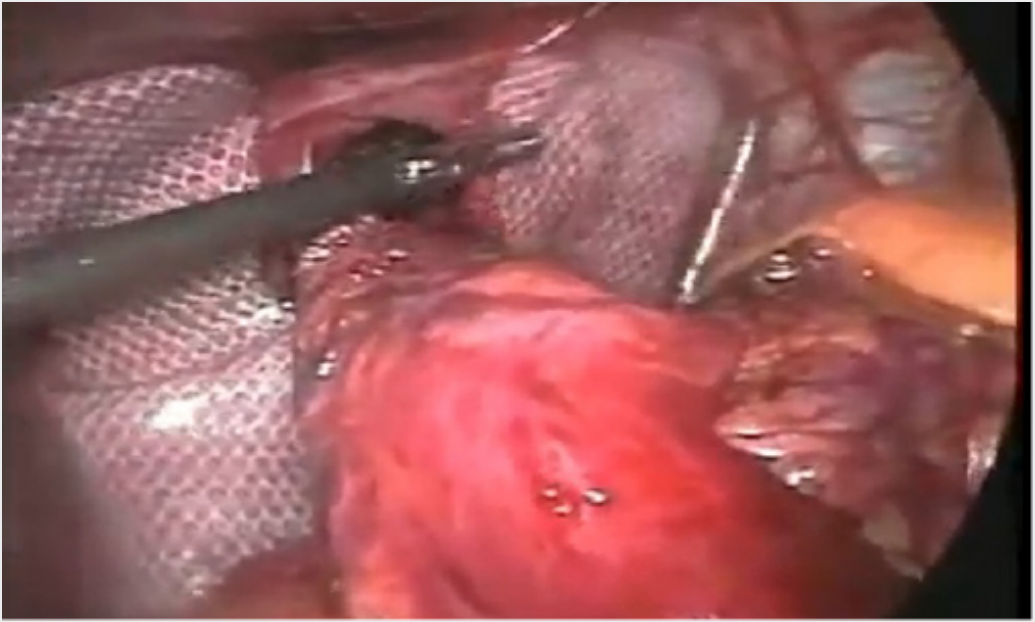


Figure 1: Initial surgery with hiatal mesh 17 years ago.

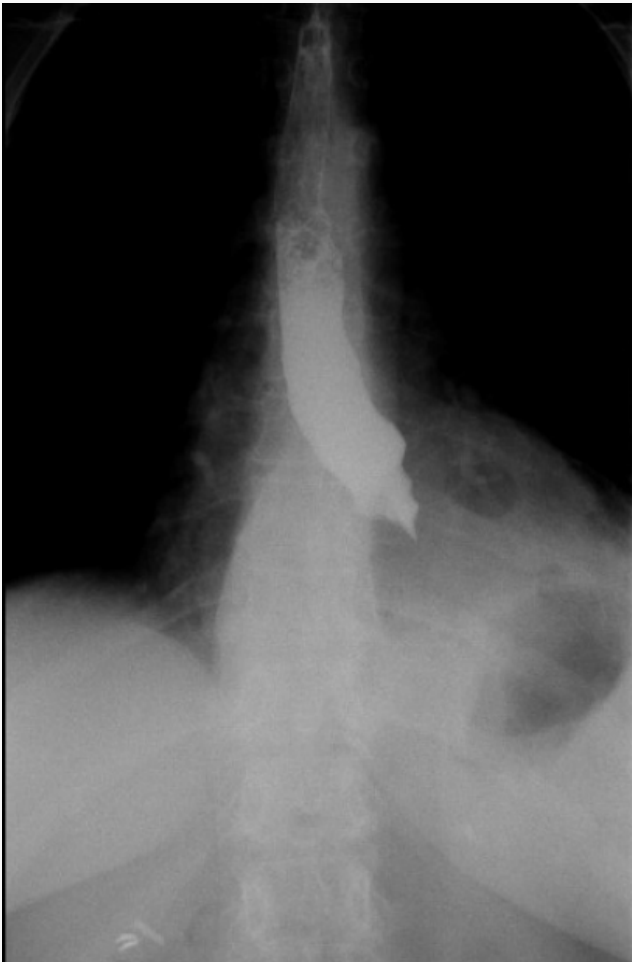


Figure 2: Contrast swallow study with retention at the early stage of the study.



Figure 3: During the late stage of the study, contrast swallow study shows a long time clearance associated with epigastric pain.

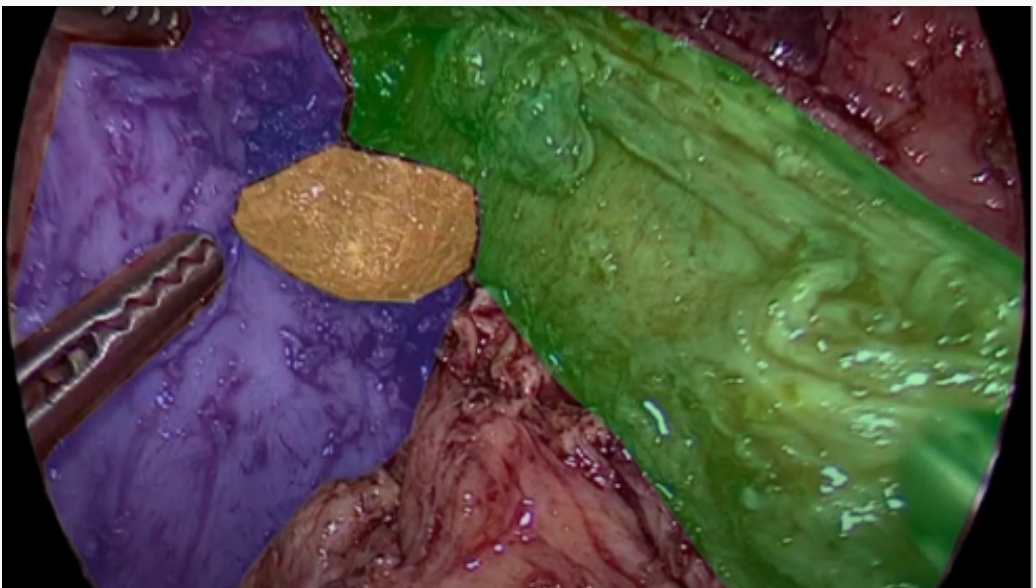


Figure 4: Redo-fundoplication with intense inflammatory tissues after dissection. The structures shown in the diagram are: diaphragm in blue, esophagus in green and previous mesh in yellow.

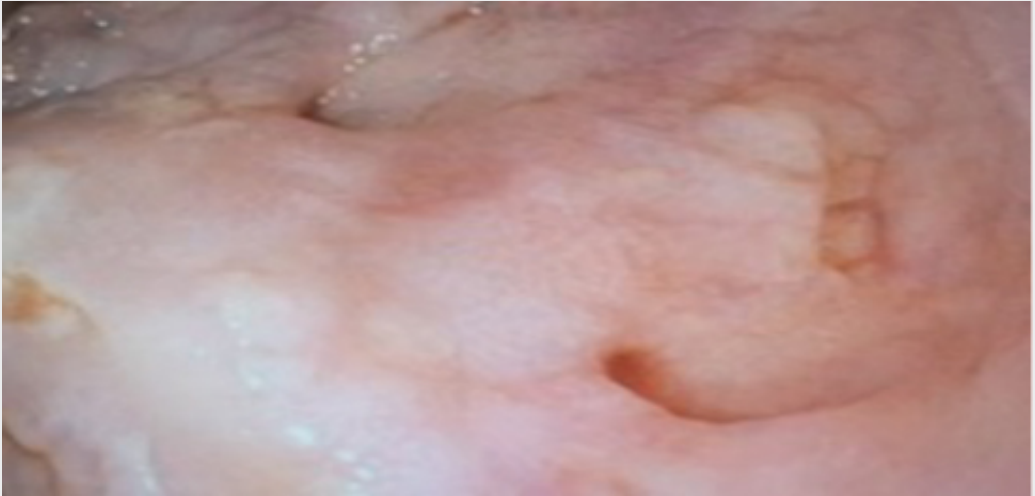


Figure 5: Intra-operative endoscopy with 2 sites of esophageal fistula at distal esophagus separated by a 1cm septum.

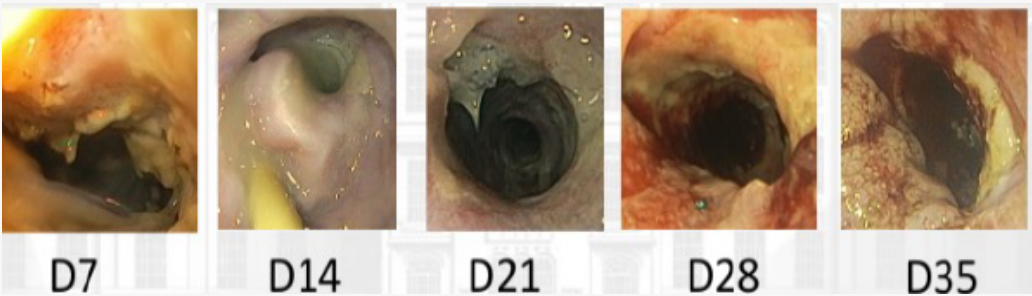


Figure 6: Six weeks of vacuum therapy

Panel for discussion (São Paulo):

- Rubens AA **Sallum**
- Ivan **Cecconello**
- Valter N **Félix**
- Júlio Mariano da **Rocha**
- Ary **Nasi**
- Fauze **Maluf** Filho
- Sérgio **Szachnowicz**
- Marcos **Tacconi**
- Francisco CBC **Seguro**
- Edno Tales **Bianchi**
- Rodrigo José de **Oliveira**
- Camila de **Câmara**
- Rodrigo **Nicida**
- Arthur Y **Arabi**
- Alexandra **Cirlinas**

Topics for discussion:

1. Mesh or no mesh? That is still the question

2. What type of mesh is most suitable today? What are the preferences of the panel?
3. In a reevaluation of a fundoplication, aside with the clinical evaluation, what is (or are) the most important exam(s) to decide redo surgery?
4. Current options for treating an esophageal fistula.



*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), 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), November 27 (Pilot Center of Houston, Texas),

- **2025:** January 22 (Pilot Center of Beijing), March 5 (Pilot Center of Geneva).



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

the 40th 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 41st clinical case coming up for discussion will be announced in the next newsletter and on the website.

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