

## TRANSHIATAL ISOPERISTALTIC COLONIC INTERPOSITION FOR ESOPHAGEAL REPLACEMENT

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**Aim of the Study:** The aim is to evaluate the results regarding isoperistaltic transhiatal colonic interposition (ITCI) that is a relatively less used method for esophageal replacement.

**Methods:** Records for the years 2007-2016 were retrospectively evaluated

**Main Results:** There were 14 children who underwent ITCI. The primary diagnosis was esophageal atresia in 11 (79%) and caustic damage in four (21%). The mean age at operation was  $23\pm 25$  (4months-7 years) months. The replacement was done after an esophagostomy in nine (64%) and without an esophagostomy in five (36%). Either a right or left thoracotomy was added in 10 (71%) to laparotomy. Left colon was used in eight (57%) patients with left colonic artery pedicle and right colon (43%) was used in seven with middle colic artery pedicle. The cologastric anastomosis was done retrogastrically to the antrum and a pyloroplasty in all. There were two (14%) early postoperative deaths. A proximal anastomotic leak that healed spontaneously was observed in one patient. A redo esophagostomy was done in one (7%) patient in the early postoperative period due to colonic necrosis resulting from ischemia. Balloon dilatation was done for the stricture development in the proximal anastomosis in three (21%) patients. Dilatation was unsuccessful in one of these and a local resection and anastomosis was done. The mean follow-up period is  $58\pm 36$  months. All patients but one are fed orally by age-appropriate diet. Colonic redundancy, clinically significant reflux or chronic respiratory difficulty was not observed in any patients on the long term.

**Conclusion:** Esophageal atresia was the most common indication for the technique described in the presented series. The long-term functional results of ITCI are quite satisfactory. However, complications may arise due to insufficient vascular supply to the colon. As there is no "perfect" replacement surgery, this is a quite favorable method for esophageal replacement