Intracorporeal oesophagojejunostomy using our anvil suture pull-through technique. Here we present our outcomes from laparoscopic oesophageojejunostomy performed by the anvil suture pull-through technique.

Methods After attaching a suture to the end of the spike of the anvil of a circular stapler, the anvil is inserted into the gastrointestinal tract through a jejunal incision after firing the stapler and completing the double-stapled anastomosis. Intracorporeal oesophagojejunostomy using this technique was performed during laparoscopic proximal and total gastrectomy between 1998 and 2011.

Results A total of 82 anastomoses were performed using the anvil suture pull-through technique as part of 35 total and 47 proximal gastrectomy between 1998 and 2011. Post-operative outcomes were compared between palliative and curative groups. In the palliative group, prognostic factors were identified and the impact of each combination of these factors on survival was studied.

Results Median survival of AGJA patients resected with a palliative intent (n=677) was longer than in non-resected patients (n=3202) (12.9 vs 8.5 months, \(p<0.001\)). Among resected patients, surgery was defined as palliative due to metastasis (n=150, 5.6%), localised (n=122, 4.6%) or diffuse (n=62, 2.3%) peritoneal carcinomatosis (PC), or incomplete tumoral resection (n=343, 12.8%). Overall median survival was 30.0 months, significantly shorter after palliative than curative resection (11.9 vs 48.2 months, \(p<0.001\)). Predictors of postoperative mortality were ASA score III–IV (p<0.001) and palliative resection (p=0.020), justifying palliative resection only in ASA I–II patients. Independent prognostic factors in the palliative group were solid organ metastasis (p=0.009), localised PC (p=0.004), diffuse PC (p=0.046) and signet ring cell histology (SRC) (p=0.020). In ASA I–II patients, patients with diffuse PC, metastasis combined with PC or localised PC of SRC had median survivals from 1.3 to 9.3 months. Patients with incomplete resection without metastasis or PC, organ metastasis without PC, or localised PC without SRC had median survival from 12.0 to 18.3 months.

Conclusion In AGJA, only ASA I–II patients, presenting with limited tumoral extension will benefit from palliative resection in combination with chemotherapy. Other clinical presentations have to be enrolled in exclusive palliative chemotherapy programs.

Clinical trial registration number Clinical Trial.gov identifier NCT01249859.

Competing interests None declared.

REFERENCES