

ESOPHAGEAL AND GASTROESOPHAGEAL JUNCTION CARCINOMA OF PATIENT'S QUALITY OF LIFE AS INTEGRAL INDICATOR OF FUNCTIONAL OUTCOME AFTER ESOPHAGOGASTROPLASTY

O. I. Vynnychenko – *Sumy State University, postgraduate*
G. S. Ilyina – *E L Adviser*

Summary. Currently subtotal oesophagogastrectomy with reconstruction of the digestive tract by applying a gastric tube appears to be the method of treatment choice in patients with a carcinoma of the thoracic oesophagus and gastroesophageal junction. The aim of this research is to study whether esophagogastrectomy provides good palliation for patients with the intrathoracic tubulized stomach situated at posterior mediastinum.

Results. The function of the gastric substitute after esophagogastrectomy was examined retrospectively in 64 patients. In 3, 6 and 12 months a clinical examination and quality of life questionnaire were studied. In 3 months postprandial dumping, dysphagia, and fullness were presented in 51,6%, 45,3%, and 23,4% of the patients correspondingly. The problems of dumping and fullness were almost completely resolved after 12 months postoperatively; however, dysphagia remained an important problem (15,6%, 10 patients) and more patients complained of heartburn and regurgitation (70,3%, 45 patients). In 12 months period most symptoms became less prominent with the exception of gastroesophageal reflux. 72% of patients were satisfied with postoperative functional outcome after 12 months.

Quality of life of esophagectomized patients depends on mainly of postoperative organ dysfunctions. Functional disorders such as delayed gastric emptying, dumping syndrome or duodeno-gastro-esophageal reflux can significantly decrease patient's quality of life. A total of 36 patients responded to the questionnaire EORTC QLQ-C30 and QLQ-EOS18. Overall quality of life was good in 34% and satisfactory in 66% of patients after 3 postoperative months. Over a period of 6 – 12 months frequency of functional disorders decreases significantly and patients rated their quality of life as good in 72% and fair in 28%.

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