

# An Overview of Oesophageal Cancer Surgery

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## Short Communication

Abstract: Oesophageal cancer is a common malignancy in the upper gastrointestinal tract. The incidence of oesophageal cancer has been increasing worldwide, particularly in the developed countries. The most common histological type is adenocarcinoma, which is associated with gastroesophageal reflux disease (GERD) and Barrett's esophagus. Squamous cell carcinoma is the second most common histological type, which is associated with smoking and alcohol consumption. The prognosis of oesophageal cancer is poor, with a 5-year survival rate of approximately 20%. The mainstay of treatment is surgical resection, which is often followed by chemotherapy and radiation therapy. This review discusses the current management of oesophageal cancer, including the role of surgery, chemotherapy, and radiation therapy.

**Introduction:** Oesophageal cancer is a common malignancy in the upper gastrointestinal tract. The incidence of oesophageal cancer has been increasing worldwide, particularly in the developed countries. The most common histological type is adenocarcinoma, which is associated with gastroesophageal reflux disease (GERD) and Barrett's esophagus. Squamous cell carcinoma is the second most common histological type, which is associated with smoking and alcohol consumption. The prognosis of oesophageal cancer is poor, with a 5-year survival rate of approximately 20%. The mainstay of treatment is surgical resection, which is often followed by chemotherapy and radiation therapy. This review discusses the current management of oesophageal cancer, including the role of surgery, chemotherapy, and radiation therapy.

**Pathogenesis:** The pathogenesis of oesophageal cancer is complex and involves multiple factors. In the case of adenocarcinoma, the most common histological type, the disease is associated with gastroesophageal reflux disease (GERD) and Barrett's esophagus. In the case of squamous cell carcinoma, the second most common histological type, the disease is associated with smoking and alcohol consumption. The exact mechanisms by which these factors lead to the development of oesophageal cancer are not fully understood.

**Diagnosis:** The diagnosis of oesophageal cancer is typically made through endoscopic examination and biopsy. The most common endoscopic procedure used for the diagnosis of oesophageal cancer is esophagogastroduodenoscopy (EGD). The biopsy specimen is then sent to a pathologist for histological examination. The histological examination of the biopsy specimen can identify the histological type of the cancer, which is important for determining the prognosis and the most appropriate treatment.

**Staging:** The staging of oesophageal cancer is typically done using the TNM staging system. The T stage represents the extent of the primary tumor, the N stage represents the extent of the regional lymph node involvement, and the M stage represents the extent of distant metastasis. The TNM staging system is used to determine the prognosis and the most appropriate treatment for the patient. The TNM staging system is also used to compare the results of different treatment regimens.

**Treatment:** The mainstay of treatment for oesophageal cancer is surgical resection. The most common surgical procedure used for the treatment of oesophageal cancer is esophagectomy. Esophagectomy involves the removal of the esophagus and the replacement of the esophagus with either the stomach or the jejunum. The most common histological type of oesophageal cancer is adenocarcinoma, which is associated with gastroesophageal reflux disease (GERD) and Barrett's esophagus. Squamous cell carcinoma is the second most common histological type, which is associated with smoking and alcohol consumption. The prognosis of oesophageal cancer is poor, with a 5-year survival rate of approximately 20%. The mainstay of treatment is surgical resection, which is often followed by chemotherapy and radiation therapy. This review discusses the current management of oesophageal cancer, including the role of surgery, chemotherapy, and radiation therapy.

**Chemotherapy:** Chemotherapy is often used in combination with surgery and radiation therapy for the treatment of oesophageal cancer. The most common chemotherapy regimens used for the treatment of oesophageal cancer are fluorouracil (5-FU) and cisplatin. The use of chemotherapy can improve the survival rate of patients with oesophageal cancer.

**Radiation Therapy:** Radiation therapy is often used in combination with surgery and chemotherapy for the treatment of oesophageal cancer. The most common radiation therapy regimens used for the treatment of oesophageal cancer are external beam radiation therapy and brachytherapy. The use of radiation therapy can improve the survival rate of patients with oesophageal cancer.

10

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