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## Total thoracoscopic and laparoscopic radical esophagectomy and gastric tube reconstruction (only small neck incision)

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**Hypothesis:** Minimally invasive approaches have been described for the performance of several surgical procedures for the treatment of both benign and malignant diseases but it is still considered one of the most complex surgical operations, and many questions still remain unanswered regarding the oncologic results

**Methods:** 30 Patients with esophageal carcinoma were enrolled in this study. Patients undergoing either assessment only or a planned hybrid procedure (planned laparotomy with videothoracoscopic surgery) or total MIE (thoracoscopic and laparoscopic esophagectomy) then evaluation of thoracoscopic assisted esophagectomy regarding feasibility, safety, radicality, operative time, respiratory status and hospital stay time and assessment of oncological outcome of those patients regarding overall survival.

**Results:** Of the 30 cases enrolled, 13 cases were inoperable and 17 cases were operable. One case died in the early postoperative period (18 days) from cervical anastomosis leakage. Overall survival and disease free survival were assessed in the remaining 16 cases. The median overall survival was 15±5.81 month (6-24 month). Overall survival was significantly affected by clinical stage (P=0.016).

**Conclusions:** MIE is an integral tool that is safe and effective in the surgical management of esophageal cancer, and further study is warranted to determine if it should be the gold standard procedure.

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