(Others)

Postoperative Complications in Esophageal Cancer: Addressing Survival Challenges

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ABSTRACT Postoperative complications significantly affect the prognosis of esophageal cancer patients undergoing esophagectomy. This letter highlights findings by Bona *et al.*, emphasizing the roles of inflammation, immune suppression, and malnutrition in mediating these outcomes. Complications such as pneumonia (30–50% incidence) and anastomotic leakage (5–20%) are linked to prolonged recovery, systemic inflammation, and higher recurrence rates. Enhanced recovery after surgery (ERAS) protocols and minimally invasive esophagectomy techniques have shown promise in mitigating complications and expediting recovery. Exploring molecular pathways connecting inflammation to tumor progression may offer innovative therapeutic strategies. These insights underscore the importance of multidisciplinary care and targeted interventions to improve survival outcomes.

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DEAR EDITOR

We read Bona *et al.*'s recent article ¹⁾ with great interest. It highlights the profound impact of postoperative complications on long-term survival outcomes in patients with esophageal cancer. Their study underscores the critical roles of inflammation, immune suppression, and malnutrition as mediators of these adverse outcomes.

Postoperative complications, including pneumonia and respiratory failure, affect 30%-50% of patients and remain the most common and serious issues²⁾. Anastomotic leakage occurs in 5%-20% of cases

and significantly increases the risks of mediastinitis and sepsis, prolongs hospitalization, and necessitates further interventions ³⁾. As Bona *et al.* pointed out, these complications worsen systemic inflammation, leading to delayed recovery and reduced survival prospects.

We agree with the authors that chronic postoperative inflammation is crucial in promoting cancer recurrence and metastasis. Infections, such as pneumonia, have been associated with a 20%-30% decrease in 5-year survival rates, while conditions like anastomotic leaks can further increase systemic

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inflammation and contribute to cancer progression ⁴⁾. Sarcopenia, a common preoperative condition, worsens these challenges by impairing the immune response and increasing the risk of complications ⁵⁾.

We appreciate the authors' focus on innovative strategies to minimize complications. Enhanced Recovery After Surgery protocols, including standardized pain management, early mobilization, and improved nutritional support, have effectively reduced postoperative morbidity and enhanced recovery. Additionally, minimally invasive esophagectomy techniques further reduce surgical trauma, potentially alleviating the inflammatory responses that lead to complications ⁶⁾. Furthermore, examining the molecular mechanisms that connect inflammation to tumor progression, as emphasized by Bona *et al.*, may lead to targeted therapies designed to improve survival outcomes.

In conclusion, we commend Bona *et al.* for their thorough analysis. Their findings highlight the pressing need for multidisciplinary strategies to reduce complications, optimize perioperative care, and address inflammation to enhance survival rates for esophageal cancer patients.

SINCERELY

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DECLARATIONS

Competing interests

The authors declare that they have no competing interests.

Author Contributions

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