

<i>Letter to the Editor</i>
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Dear Mr Publisher,

In relation to the very interesting article which was published in the 2004 Annals of Gastroenterology, 17(1):59-65, by Xinopoulos, Dimitroulopoulos, Tsamakidis, Papadikostopoulos, Bazinis and Paraskevas, titled "The role of metallic expandable stents in treating patients with inoperable esophageal stenosis: The experience of a Greek Cancer Hospital", I would like to point out the following:

The authors refer to mortality percentages amounting to 13%-22% in esophagectomies and esophageal replacements for malignant diseases of the esophagus and of the gastroesophageal junction.

Nevertheless, currently, in specialized esophageal surgery centers, the average mortality percentages amount to 9.2% for transthoracic esophagectomies and to 5.7% for esophagectomies without thoracotomy, with a five year mean survival rate amounting to 20% for both techniques.<sup>1</sup> Consequently, surgeons with mortality percentages exceeding the percentages of the specialized centers are advised to refer their patients to surgeons with greater experience in esophageal diseases.

According to current bibliography<sup>2,3</sup> and our personal experience, we consider that patients with fourth stage cancer or in high surgical risk, mainly due to related heart and respiratory problems, must be treated endoscopically, by means of placing expandable stents.

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## REFERENCES

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3. Rentz J, Bull D, Harpole D, Baileys S, Nennmayer L, Pappas T, Krasnicka B, Henderson W, Daley J, Khuri S. Transthoracic Vs Transhiatal esophagectomy: A prospective study of 945 patients. *J Thorac Cardiovasc Surg*. Vol 124; 5:1114-1120.

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