

Conclusion: PPL expression was generally reduced in ESCC compared with paired non-cancer tissue; however, relatively high levels of PPL expression in tumors correlated with tumor progression, lymph node metastasis, advanced stage cancer, and a poor prognosis.

Disclosure: All authors have declared no conflicts of interest.

Keywords: Desmosome, esophageal squamous cell carcinoma (ESCC), periplakin (PPL)

PS02.055: IN ESOPHAGEAL ADENOCARCINOMA (EAC) BARRET LIKE AND CARDIO PYLORIC LIKE SUB TYPES ARE DIFFERENTIATED ACCORDING TO MICRORNA (MIRNA) 221 AND 483-3P EXPRESSION PROFILES

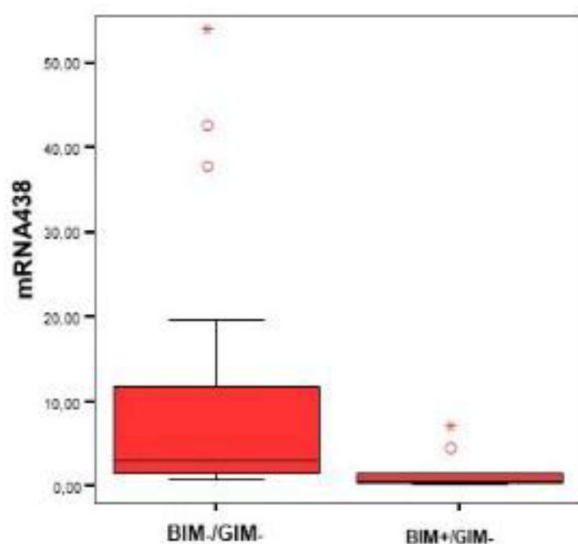
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Background: miRNAs play a key role in cancer development. In esophageal adenocarcinoma (EAC), we analyzed the relationship between miR-221 and 483-3p expression, cancer specific survival, recurrence, their distribution in EAC sub types characterized by the presence/absence of intestinal metaplasia in esophagus (BIM) and stomach (GIM) [BIM + GIM- (Barret's like) and BIM-GIM- (cardio-pyloric like) types].

Methods: RNAs was extracted from 39 formalin-embedded surgical specimens (EAC and normal gastric). miRNA221 and miR-483-3p validation with TaqMan MicroRNA Assay was performed and data were normalized using RNU44. Kruskal-Wallis and Mann-Whitney tests were used to study correlations.

Results: A statistically significant relationship between miRNAs (miR-483-3p $P = 0.017$; miR-221 $P = 0.037$) and cancer specific survival and between miR-221 and recurrence ($P = 0.043$) was detected. miR-221 and miR-483-3p showed a significant decreased expression in the Barret's like group vs Cardio-pyloric-like group (miR-483-3p Kruskal-Wallis test $P = 0.009$; miR221 Kruskal-Wallis test $P = 0.066$; miR-483-3p Mann-Whitney test $P = 0.002$; miR-221 Mann-Whitney test $P = 0.047$)



Conclusion: In EAC increase of miR-221 and miR-483 is linked with poor survival and recurrence. Their different distribution patterns, support a biological differentiation of Barret's like versus cardio-pyloric like subtypes.

Disclosure: All authors have declared no conflicts of interest.

Keywords: biology, adenocarcinoma of the esophagus, carcinogenesis

PS02.056: TIMELY LIGATION OF THORACIC DUCT IN POST ESOPHAGECTOMY CHYLE LEAK: KEY TO SUCCESSFUL MANAGEMENT

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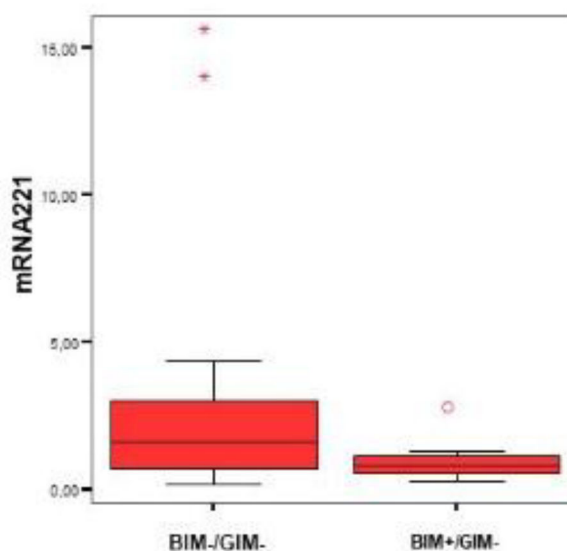
Background: Chyle leak after esophagectomy for carcinoma esophagus is a rare but life threatening condition with reported an incidence of 1–6%. Mortality rate of up to 50% have been reported. Management of chyle leak is controversial. We reviewed our experience with iatrogenic chylothorax after esophagectomy for carcinoma esophagus.

Methods: From 2003 to 2017, 560 patients underwent esophagectomy for cancer at our department of oncology. Eight patients developed post operative chyle leak. Transthoracic or transabdominal ligation of duct was done in six patients with in first week. 100 ml of cream was given 30 min before induction to visualize the leak intraoperatively. We used 4-0 prolene pledgeted suture to ligate the duct.

Results: Six patients who underwent early ligation could be salvaged and the two who were managed conservatively succumbed. Oringer et al. pointed towards conservative treatment having little place in the management of chylothorax in nutritionally depleted patients. Hence, prompt ligation of thoracic duct decreases morbidity and mortality of chylothorax. Thus the role of early surgery needs to be stressed. There is a wide difference of mortality rate of conservative management of 82% with respect to the mortality rate of surgery of 10–16%. Though no conclusion data are available regarding the indication and time point of surgical ligation of the thoracic duct, it is important not to procrastinate while the condition deteriorates to a level at which surgery would be detrimental. Administration of cream to the patient (through feeding jejunostomy) around half an hour before surgery makes identification of site of leak simpler. The importance of pledgeted sutures cannot be denied as the thoracic duct is paper thin and chyle contains no fibrin. Thus non pledgeted sutures will tear it further. Infact, stitching should not be done through the duct but into the surrounding tissue around the duct and should allow the pledgets to close the duct.

Conclusion:

Disclosure: All authors have declared no conflicts of interest.



PS02.057: INDUCTION OF APOPTOSIS IN ESOPHAGEAL ADENOCARCINOMA CELLS BY CURCUMIN

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