

Esophageal cancer (EC) is one of the leading causes of cancer death worldwide with an estimated 456,000 new cases and 400,000 deaths in 2012 (1). The incidence rate of it varies in different regions and more than 80% of cases occur in developing countries (2). The highest incidence rates are reported in Eastern Asia and Southern Africa, with a relative high rate in America and Europe, and the lowest prevalence in Western Asia (3). In the past few decades, in order to help reduce EC, various researches have been conducted to study the epidemiology, pathogenesis, treatment and prognosis of this malignant cancer. In this new book *Minimally Invasive Esophagectomy*, we focus on the new surgical technology—minimally invasive esophagectomy (MIE).

The book is a comprehensive collection of articles written by international leading experts in the field of MIE. It is organized of seven chapters, including general introduction, anatomy background, preoperative preparation, endoscopic resection, thoracoscopic esophagectomy, robot for MIE and postoperative care. Every section provides an insightful review of MIE and aims to help clinicians and investigators receive more up-to-date scientific information.

Chapter one is the general introduction in which the history and benefits of MIE are introduced. In western countries, adenocarcinomas (AC) is more prevalent while squamous cell carcinomas (SCC) is the predominant type in eastern countries, which led to a different history of MIE in both worlds (4,5). It has been proved that patients in whom MIE was performed may benefit from less complications, shorter hospital stay and better short-term quality of life (6,7) Thus, MIE is crucial in the era of enhanced recovery protocols.

The second chapter is about new insights into the surgical anatomy of the esophagus. Better understanding of the anatomy of the vagus nerve and also immune response may contribute to brand-new insights into the surgical approaches and techniques and thus to improve the outcome after surgery.

Chapter three begins with an article discussing patient selection for MIE. Despite the rapidly development of treatment and management approaches in recent years, surgery-related morbidity is still a common problem. With this regard, optimal preoperative evaluation and patient selection are required. Enhanced recovery after surgery (ERAS) is a relative new concept and it is believed that the combination of ERAS and MIE will reduce the occurrence of surgical trauma and expect a speedy recovery of patients after surgery (8). The last article in this chapter presents an overview of open and laparoscopic surgery from the anaesthetist's perspective.

The following three chapters give a comprehensive review on endoscopic resection, thoracoscopic esophagectomy (TSE) and the use of robotic technique for MIE. Traditionally, surgery is the preferred option for early-stage esophageal cancer. However, the high mortality and poor postoperative quality of life after open surgery necessitated better treatment procedures. Bearing this in mind, experts in the field kept exploring new avenues and with the advent of novel minimally invasive techniques, TSE and MIE have been developed. The past two decades has witnessed a wide acceptance of TSE and MIE due to their less invasive characters.

The poor prognosis of EC, in part, is attributed to the poorly controlled postoperative care. Therefore, attention should be paid to the management of the main surgical complications, such as anastomotic leakage, chylothorax, recurrent laryngeal nerve injury, tracheoesophageal fistula, gastrointestinal reflux and pulmonary complications. For the surgeon, it is of paramount importance to reduce the incidence of complications. Indeed reducing complications opens the door to ERAS (Enhanced Recovery After Surgery) in particular allowing for early feeding after esophagectomy. In the last chapter, the cause, clinical manifestations and diagnosis, treatment and prevention of all these complications are well described.

We hope that the book will be a valuable resource for medical staffs in this field and calling for further international collaborations aiming to improve the treatment and management of patients suffering from esophageal cancer.

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Zhigang Li



Toni Lerut

Zhigang Li, MD, PhD

Department of Thoracic Surgery, Section of Esophageal Surgery,
Shanghai Chest Hospital, Shanghai Jiaotong University,
241 Huaihai West Rd, Shanghai 200030, China

Toni Lerut, MD, PhD

Emeritus Professor of Surgery and Chairman Department of Thoracic Surgery,
University Hospitals Leuven, Herestraat 49, 3000Leuven, Belgium