



# Ivor-Lewis oesophagectomy for oesophageal adenocarcinoma after orthotopic liver transplant: an update

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I write to update you on the status of the patient presented as a case report entitled “*Ivor-Lewis oesophagectomy for oesophageal adenocarcinoma after orthotopic liver transplant: a case report*” by Thatcher *et al.*, which is published in your journal (1).

His clinical stage was cT3N0M0. After neoadjuvant chemo-radiotherapy (CROSS protocol), he underwent an Ivor Lewis oesophagectomy. His pathological stage was ypT0N0 (complete pathological response). He was investigated for cough and dyspnoea 15 months post-resection and was found to have a malignant pleural effusion. <sup>18</sup>F-fluorodeoxyglucose (FDG) positron emission tomography (PET) did not show any other disease. He underwent aspiration and talc pleurodesis. He declined palliative chemotherapy and remains asymptomatic 10 months later.

This case highlights the complex considerations of solid-organ malignancy in liver transplant recipients.

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## Footnote

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[amegroups.com/article/view/10.21037/dmr-22-39/coif](https://dmr.digmedres.com/article/view/10.21037/dmr-22-39/coif)). The author has no conflicts of interest to declare.

*Ethical Statement:* The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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## References

1. Thatcher K, Frankel A, O'Rourke T, *et al.* Ivor-Lewis oesophagectomy for oesophageal adenocarcinoma after orthotopic liver transplant: a case report. *Dig Med Res* 2021;4:19.

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