



Management of esophageal perforations and benign diseases

The Esophagus is a challenging and fascinating organ, whose disorders, both malignant and benign, may require a complex and demanding management by experts from several disciplines.

If esophageal cancer still represents the sixth leading cause of death in the world (1), with a 5-year mortality of 80–85%, esophageal benign disease, like perforations, may also have a mortality rate that ranges up to 80% if not correctly managed (2).

Indeed, despite diagnostic and surgical innovations and decades of clinical experience, the esophagus, with its functional complexity and its extension in three anatomical districts (neck, thorax and abdomen), still remains a challenge organ to be treated with devastating consequences in inexperienced hands.

Few other pathologies require a prompt, correct and multidisciplinary approach by centers with high expertise like esophageal diseases. Therefore, also benign disorders and pathologies demand a proper management that could be difficult for centers with few experience and low cases per year and in the absence of well-codified guidelines on the topic.

The aim of this special series is to discuss the management of esophageal perforations, injuries and other benign diseases, reviewing the last updates in literature and providing the experts' experience in clinical practice. A panel of international thoracic surgeons, general surgeons and endoscopists, all expert in esophageal disease, was involved to present for each esophageal pathology the conservative/endoscopic and surgical treatments available. They also provided to the reader the best and the most appropriate approach to the specific cases on the basis of literature evidence and personal experiences. In particular, when technically and clinically feasible the conservative and endoscopic treatments are preferred and suggested by multidisciplinary teams, reserving surgery for all those cases in life-threatening conditions or unresponsive to or not manageable with minimally invasive treatments.

Furthermore, innovative methods of cure are also presented and future directions explored.

We hope this special series may be valuable to all medical doctors involved in the management of patients with rare but severe and unpredictable, if badly managed, benign esophageal diseases and perforations.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Esophagus* for the series. The article did not undergo external peer review.

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at: <https://aoe.amegroups.com/article/view/aoe-2020-102/coif>). The series “Management of Esophageal Perforations and Injuries and Other Benign Diseases” was commissioned by the editorial office without any funding or sponsorship. VP served as an unpaid Guest Editor of the series. DN served as an unpaid Guest Editor of the series and serves as an unpaid editorial board member of *Annals of Esophagus* from October 2019 to September 2021. The authors have no other conflicts of interest to declare.

Ethical Statement: The authors are 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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Received: 21 December 2020; Accepted: 12 January 2021; Published: 25 March 2022.

doi: 10.21037/aoe-2020-102

View this article at: <http://dx.doi.org/10.21037/aoe-2020-102>

doi: 10.21037/aoe-2020-102

Cite this article as: Nachira D, Porziella V. Management of esophageal perforations and benign diseases. *Ann Esophagus* 2022;5:1.