

# Classification and treatment of anastomotic leakage after extended total gastrectomy in gastric carcinoma

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A new classification of anastomotic fistulas of esophagojejunostomy after total extended gastrectomy for advanced gastric carcinoma is presented. In a group of 230 consecutive patients submitted to total gastrectomy within a 10-year period, there were 20 patients with Type I fistula (8.8%) and 18 cases with Type II (7.8%). Type I or subclinical fistula corresponded to a local leakage around the anastomosis, with no septic complications, which heals with prolongation of enteral feeding up to 20 days after surgery. The mortality rate was 5% in this group. Type II or clinical leakage corresponded to patients with early septic manifestations after surgery, in whom the methylene blue test was positive, that is, immediate appearance of the stain in any drain was observed after oral ingestion, confirmed by radiological studies. The mortality rate in this group was 78%. Resuturing of the fistula was a complete failure. Cervical lateral esophagostomy produced complete healing in two cases. Pare