Sentinel node detection in Barrett's and cardia cancer.

Abstract:
Because of surveillance strategies in patients with known Barrett's esophagus, more patients with high-grade dysplasia or early cancer in the distal esophagus and at the esophagogastric junction are identified. The need for and extent of lymphadenectomy in such patients are controversial. The technique of sentinel lymph node dissection (SLND) to diagnose early lymphatic spread is applied increasingly in tumors of the gastrointestinal tract. The poorly defined lymphatic drainage of the esophagogastric junction has so far prevented many investigators from performing SLND in tumors of this anatomic region. We report the first results of SLND in Barrett's and cardia cancer. The preliminary experience indicates that the method is, even in this anatomical area, feasible and yields good results in early tumors. In advanced tumors, the method lacks sensitivity. Mapping should be done with blue dye and a radiocolloid. The concept of sentinel lymph node mapping and detection thus may open the door to individualized therapy for patients with high-grade dysplasia in a Barrett's esophagus or with early Barrett's and cardia cancer.