Surgical outcomes of esophagectomy or gastrectomy due to cancer for patients ≥ 75 years of age, a single center cohort study


Results
The adjusted HR for 1-year mortality after esophagectomy was 2.29 (95% CI 1.25-4.19), and after gastrectomy the adjusted HR was 1.48 (95% CI 0.75-2.92). In the event of a complication with Clavien-Dindo score IIIb or higher there was a statistically significant increase of 90-day mortality to over 50% among elderly patients both after esophagectomy and gastrectomy (50.0% vs. 19.8%; p=0.005 and 57.1% vs. 17.4%; p=0.012 respectively).

Conclusion
Postoperative complications with high Clavien-Dindo score in patients undergoing esophagectomy or gastrectomy, with age ≥ 75 years are a dramatic risk factor for postoperative death.

Method
Single center cohort study of patients operated with curative intent due to esophageal or gastric cancer.

548 patients underwent surgery with curative intent 2007-2017, 122 of the patients (22.3%) ≥ 75 years. There was no difference in total complication rates. The adjusted OR for 90-day mortality after esophageal resection in the elderly group was 3.65 (95% CI 1.33-10.03), after gastrectomy OR: 1.62 (95% CI 0.55-4.79).