often underwent procedure due to ruptured aneurysm (4.92% vs.
9.32% vs. 11.43%, p<0.001).

**Conclusion:** Age is a significant feature which increases the
frequency of acute kidney injury, multi-organ failure and in-hospital mortality in compared group despite similar coexistent
diseases, mode of surgery and preoperative risk determined by Lee
index.1,2

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**PS076**

**Modern treatment and diagnostics for submucosal tumors of the upper third of the
esophagus. Analysis of preoperative and postoperative data**

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**Aim:** This study was to evaluate diagnostic data and outcomes of endoscopic treatment for submuco-sal tumors (SMTs) of the upper third of the esophagus.

**Introduction:** Esophageal submucosal tumors (SMTs) are very
rare, with prevalence of 0.5% in autopsy series. Among them
leiomyomas are the most common, they originate from the muscu-
laris propria (4th EUS layer) or muscularis mucosa (2th EUS layer) of
the esophageal wall.1 Submucosal lesions of the upper third is very
rare and occur in 4% of cases.2 Submucosal endoscopic resection (STER) and endoscopic submucosal dissection (ESD) are
modern techniques for treating SMTs. The choice between them
depends on layer of origin of the tumor.

**Methods:** In this study we included 2 patients with SMT
of the upper third of the esophagus. For diagnostics we used
esophageal symptoms questionnaire, endoscopic ultrasonogra-
phy (EUS) and/or computed tomography (CT) to determine
layer of origin, size and relation of lesions to the surrounding
structures and organs. Esophageal manometry were used to iden-
tify problems with movement and pressure in the esophagus.
Immunohistochemistry and histological analysis were performed
postoperatively.

**Results:** Both patients were asymptomatic, tumors were
found accidentally during routine esophagoscopy. Although in both
cases manometry of the esophagus revealed increased distal
lateney (DL) comaring with mean value in patient without
esophageal SMT. In the first case tumor arised from 4th EUS
layer, hence we used STER, subcutaneous emphysema of the
neck occured during operation, in the second case lesion originat-
ed from 2th EUS layer, therefore ESD was performed. En bloc
resection was achieved in both cases, histological diagnoses were
leiomyomas.

**Conclusion:** Upper third of the esophagus is the most diffi-
cult location for performing endoscopic techniques. Determination
of the layer of origin is crucial, as on that depends the choice of
treatment tactics. Increased DL in such patients requires further study.

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