

INTRODUCTION

Many types of lesions of the oesophagus may in certain situations require resection of the esophagus but carcinoma and benign stricture is the indication for the majority of resections.

Similarly, reconstruction or bypass may be necessary for many reasons, but most frequently it is for congenital atresia, caustic stricture, and carcinoma.

Skin tubes various intestinal conduits, and transposition of the stomach into the thorax have been used for oesophageal replacement.

Colon by pass or interposition has been recommended for such cases as the vascular pattern of the colon is better due to the presence of marginal artery which allows mobilization of a long segment of colon to replace long segment of oesophagus with preservation of blood supply.

The part of the bowel which can replace, or by pass the oesophagus differe from each otheres, each has its advantages and disadvantages also its indication according to the level of the deficiency.

In this work I try to look at the most recent procedures in oesophageal replacement fulfilling satisfactory results to the patient and with the least postoperative complications.