Characteristics and clinical significance of lymph node metastases near the recurrent laryngeal nerve from thoracic esophageal carcinoma

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Received January 9, 2014
Accepted May 5, 2014
Published August 25, 2014
DOI http://dx.doi.org/10.4238/2014.August.25.4

ABSTRACT. This study aimed to evaluate the characteristics of lymph node (LN) metastases from thoracic esophageal carcinoma near the recurrent laryngeal nerve and the influence of these metastases on patient prognosis and to determine the reasonable regional LN dissection range. The clinical data from 120 patients who underwent resection for thoracic esophageal carcinoma were analyzed retrospectively. LN metastases near the recurrent laryngeal nerve were detected in 34.2% of the cases, and the metastasis rates in the left and right LNs near the recurrent laryngeal nerve were 20.8 and 15.8%, respectively. The primary tumor site (metastasis rates for esophageal cancer in the upper thoracic segment vs chest or lower thoracic segment: 60.0 vs 40.3 or 15.8%, respectively; P < 0.01), tumor differentiation (poorly differentiated vs well differentiated or differentiated: 56.0 vs 22.0 or 35.6%, respectively; P < 0.05), and tumor invasion depth (T3 and T4 vs T1 and T2: 42.9 and 50.0% vs 8.33 and 14.3%, respectively; P < 0.01) were factors that significantly influenced LN metastasis near the...
recurrent laryngeal nerve LN metastases near the recurrent laryngeal nerve were associated with cervical LN metastasis. The 3-year survival rate of patients with LN metastasis near the recurrent laryngeal nerve was much lower than that of patients with other LN metastases (29.3 vs 58.2%; P < 0.05). In thoracic esophageal carcinoma cases, LNs near the recurrent laryngeal nerve should be resected. This could improve the patient prognosis and reduce the incidence of postoperative local recurrence.

**Key words:** Esophageal neoplasm; Recurrent laryngeal nerve; Lymphadenectomy; Lymph node; Metastasis