

**CHAMPION OF CHAMPIONS**  
**Award-winning**  
**Surgical Research & Case Reports**

## 2025 Champion of Champions

The Champion of Champions is the Annual Surgical Research Contest held by the Philippine College of Surgeons, every December during the Annual Clinical Congress. It features winners from national research contests of the different surgical specialties. We showcase the winning entries of the competition from the College's 2025 81st Annual Clinical Congress.

The award-winning research:

**First Place: Outcomes of Elective Tracheostomy and Delayed Extubation Following Microvascular Head and Neck Free Flap Reconstruction: A Systematic Review and Meta-analysis**

This study provides clarity on airway management protocols for complex reconstructive procedures.

**Second Place: Impact of the Enhanced Recovery After Surgery (ERAS) Protocol on Clinical Outcomes in Emergency Colorectal Surgery: A Retrospective Cohort Study**

This study challenges traditional recovery models by demonstrating the efficacy of ERAS in high-stakes, emergency settings.

**Third Place: A Five-year Review Comparing Pathologic Tumor Response to Neoadjuvant Treatment Between Young-Onset and Late-Onset Rectal Cancer: A Retrospective Study**

This is a significant institutional review exploring how age-based clinical differences influence treatment outcomes in rectal oncology.

The winning case reports:

**First Place: A Rare Case of Skin Adnexal Adenocarcinoma Presenting as an Exophytic Tumor in the Pubic Area of a 49-year-old Male**

A rare look at an aggressive malignancy that underscores the importance of thorough histopathological and immunohistochemical evaluation.

**Second Place. Complete Hypopharyngeal Obliteration Secondary to Caustic Ingestion Injury**

A comprehensive review of the acute management and complex reconstructive challenges posed by corrosive upper gastrointestinal trauma.

**Third Place. Esophageal Lung in an Eight-Month-Old Female Presenting with Resting Respiratory Distress**

A striking report on a rare foregut malformation, demonstrating the multidisciplinary approach required for neonatal surgical care.

We congratulate these researchers for their dedication and invaluable contributions. We invite our readers to review these remarkable posters which serve as a testament to the diverse and evolving challenges encountered in Philippine surgical practice.

**The Editors**

# OUTCOMES OF ELECTIVE TRACHEOSTOMY AND DELAYED EXTUBATION FOLLOWING MICROVASCULAR HEAD AND NECK FREE FLAP RECONSTRUCTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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## Introduction

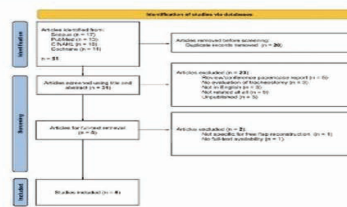
Microvascular free flap reconstruction is a standard treatment for head and neck cancer. Airway management in patients undergoing microvascular free flap reconstruction is important in preventing postoperative outcomes. However, whether elective tracheostomy or delayed extubation is necessary in these cases remains debated.



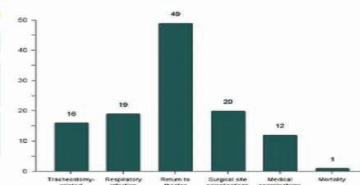
## Methodology

A systematic review following PRISMA guidelines was conducted, searching on electronic databases for studies on adult patients who underwent microvascular reconstruction following head and neck tumor resection, with use of elective or prophylactic tracheostomy as part of the surgical procedure. Clinical studies published in English that report clinical outcomes (e.g., return to the operating theater, surgical site complications, respiratory infections, tracheostomy-related complications, medical complications, and mortality) of elective tracheostomy were included. Comparison between elective tracheostomy and delayed extubation or delayed tracheostomy was performed.

## Results

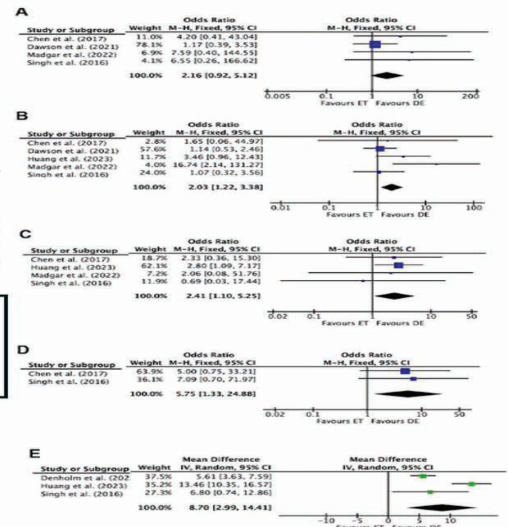


**Figure 1.** PRISMA flow diagram of study selection



**Figure 2.** Clinical outcomes and complications of elective tracheostomy after microvascular head and neck free flap reconstruction (n=118).

Six retrospective cohort studies met the inclusion criteria. Overall, studies carried at least moderate risk of bias. Elective tracheostomy in patients undergoing head and neck free-flap reconstruction is associated with a higher likelihood of postoperative complications compared to delayed extubation, particularly for return to the operating theater, surgical site complications, medical complications, and prolonged hospital stay.



**Figure 3.** Forest plots of odds ratios and mean differences comparing elective tracheostomy (ET) versus delayed extubation (DE) across various outcomes. (A) Respiratory infection. (B) Return to the operating theater. (C) Surgical site complications. (D) Medical complications. (E) Length of hospital stay.

## Discussion

The synthesized evidence suggests that elective tracheostomy carries a higher likelihood of poor clinical outcomes when compared to delayed extubation, specifically including return to the operating room, surgical site complications, medical complications, and prolonged hospital stay. These findings highlight the inherent propensity of elective tracheostomy for procedure-related and wound-related morbidity and reinforce the higher risk of postoperative complications in elective tracheostomy relative to delayed extubation. While tracheostomy carries a high likelihood of poor clinical outcomes, these outcomes may be influenced by patient factors, as patients undergoing elective tracheostomy tended to have a higher comorbidity burden, greater anesthetic risk, and more frequent histories of oncologic or reconstructive treatment. Therefore, these patient factors emphasize that, despite its clinical inclination toward complications, elective tracheostomy may still be indicated in select patients.

At present, the current evidence and literature remain limited, and further studies should standardize definitions, conduct stratified analyses, and develop a more robust and widely applicable scoring system. Until such data are available, decision-making should be individualized, and elective tracheostomy should be performed on a case-by-case basis, with Janik et al. recommending elective tracheostomy in cases of clinical equivocality.

## Conclusion

Current evidence, though limited and heterogenous, suggests that elective tracheostomy compared to delayed extubation may pose more complications for a patient undergoing microvascular head and neck free flap reconstruction. However, individualized risk assessment must still be done using several patient-related factors in the decision points on what type of postoperative airway management to employ.

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# IMPACT OF THE ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOL ON CLINICAL OUTCOMES IN EMERGENCY COLORECTAL SURGERY: A RETROSPECTIVE COHORT STUDY

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CO-AUTHORS: MARC PAUL J. LOPEZ, MD , MARK AUGUSTINE S. ONGLAO, MD

## BACKGROUND

- Enhanced Recovery After Surgery (ERAS) protocols improve outcomes in elective colorectal surgery, but evidence in emergency settings is limited.
- This study evaluated the feasibility and impact of a locally adapted ERAS checklist for emergency colorectal surgery at a national referral center.

## METHODS

- Design: Retrospective cohort study
- Population: 124 adults undergoing emergency colorectal surgery
- Outcomes:
  - Time to return of bowel function
  - Postoperative length of hospital stay
  - Postoperative complications
  - 30-day mortality
- ERAS Compliance:
  - Preoperative
  - Intraoperative
  - Postoperative phases
- Statistical Analysis: Multivariable regression adjusting for age, ECOG status, and comorbidities

## RESULTS

Phase	Compliance Rate (%)	Components with low Compliance
Preoperative	70%	Early imaging 49.2%, VTE assessment 16.4% Preanesthetic meds 37.7%
Intraoperative	84.3%	Rapid sequence intubation 67.2% PONV reduction 68.9% SSI reduction 0%
Postoperative	76.6 %	Early urinary catheter removal 4.9%

## OUTCOMES

- FASTER RETURN OF BOWEL FUNCTION IN ERAS GROUP:  
~2.52 VS. 3.16 DAYS (P=0.003)
- REDUCTION OF POSTOPERATIVE LENGTH OF STAY (AFTER ADJUSTMENT FOR CONFOUNDERS) IN ERAS GROUP  
~7.25 VS 6.89 DAYS (P=0.027)
- NO SIGNIFICANT DIFFERENCES IN SSI, HAP, ILEUS, OR 30-DAY MORTALITY

## CONCLUSION

- ERAS IS FEASIBLE IN EMERGENCY COLORECTAL SURGERY AND IMPROVES GASTROINTESTINAL RECOVERY WITHOUT INCREASING COMPLICATIONS.
- STRUCTURED PERIOPERATIVE PATHWAYS ARE PRACTICAL EVEN IN RESOURCE-LIMITED SETTINGS, SUPPORTING WIDER IMPLEMENTATION AND MULTICENTER VALIDATION.





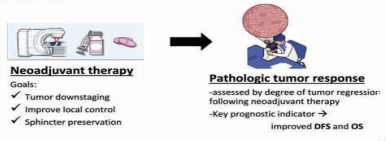
## A Five-year review comparing Pathologic tumor response to Neoadjuvant treatment between Young-onset and Late-onset Rectal cancer in a Tertiary Referral Hospital

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### BACKGROUND

- Rising incidence of rectal cancer among individuals **under the age 50** → classified as **Young-onset rectal cancer (YORC)**
- Present with advanced stages → more likely to undergo Neoadjuvant therapy
- Data on influence of age on tumor response to NAT remains limited
- Understanding response patterns → implications in optimization of treatment strategies for both younger & older patient populations



**OBJECTIVE:** To compare the pathologic tumor response to neoadjuvant therapy between YORC and LORC patients who underwent surgery at PGH from January 2020 to December 2024.

#### METHODOLOGY

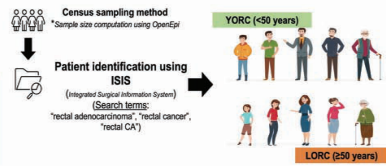
- Single Institution, Retrospective study
- Rectal cancer patients underwent NAT and definitive surgery
- January 2020 to December 2024 in PGH

#### Inclusion:

- ✓ Histology confirmed adenocarcinoma
- ✓ Stage II – IV (resectable metastasis)
- ✓ Received NAT prior to definitive surgical resection
- ✓ Complete pathology data

#### Exclusion:

- ✓ Non-adenocarcinoma histology
- ✓ Underwent upfront surgery
- ✓ Received neoadjuvant therapy w/o surgery\*
- ✓ No tumor regression grading



- Demographic variables → age, sex, tumor level, clinical stage, neoadjuvant regimen, surgery
- Histopathologic variables → tumor differentiation, LMM, PMM, nodal status, tumor deposits, circumferential margin, tumor regression, tumor regression grade
- Primary outcome: **Pathologic tumor response**
- Modified Ryan scheme
- Categorical & Continuous variables summarized
- Logistic regression analysis → to identify factors associated with achieving pathologic complete response
- Statistical significance was set at  $p < 0.05$

### RESULTS & DISCUSSION

**YORC (<50 years)**

299 patients

Mean: 57 years  
Range: 22 – 82 years

41 years

Low rectal (49.37%)

Stage IIIA (47.83%) > Stage IIIC (22.41%)

**LORC (≥50 years)**

220 (73.58%)

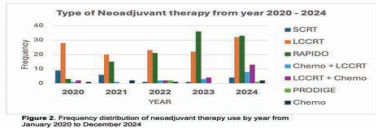
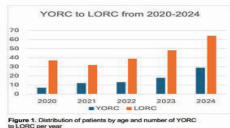
63 years

Middle rectal (51.36%)

\*Stage IV (10.7%)  
Liver > Lung > Pancreatic

Number of rectal cancer cases increased from 2020 to 2024

The proportion of YORC increased from 15.9% (2020) to 31.8% (2024)



Pathologic Tumor Response	YORC (<50 years)		LORC (≥50 years)		p value
	n	% [95% CI]	n	% [95% CI]	
pCR Complete	21	7.0 [4.9-9.9]	34	15.5 [11.9-19.1]	0.009
Near Complete	5	1.7 [0.8-3.0]	19	8.6 [6.0-11.2]	
Partial	34	11.4 [8.4-14.9]	152	68.8 [63.8-73.8]	
Poor/No	19	6.3 [4.6-8.6]	48	21.7 [17.7-25.7]	

Overall Pathologic Complete response (pCR) rate = 26.4% YORC (32.91%) vs LORC (24.09%)

AGE **not significant predictor** of achieving pCR

Neoadjuvant therapy	pCR	npCR	p value
<b>Young-onset rectal cancer (YORC)</b>	3	3	
SCRT	1 (33%)	1 (33%)	0.8690
LC CRT	1 (33%)	2 (67%)	
TNT (RAPIDO, PRODIGE 23, Chemo + LCCRT, LCCRT + Chemo)	1 (33%)	0	
Chemo only	-	-	
<b>Late-onset rectal cancer (LORC)</b>	3	14	0.648
SCRT	0 (0%)	10 (71%)	
LC CRT	1 (33%)	5 (36%)	
TNT (RAPIDO, PRODIGE 23, Chemo + LCCRT, LCCRT + Chemo)	1 (33%)	4 (29%)	
Chemo only	-	-	

**NO significant difference in pCR rates between YORC & LORC across ANY regimen**

YORC – NO specific regimen showed superior efficacy

LORC – LCCRT significantly higher pCR rate vs TNT regimens  $p = 0.048$

Multivariable Logistic Regression analysis:

**Well-differentiated tumor differentiation** – strongly associated with **lower odds of Poor Pathologic response** (OR 0.19 95% CI: 0.11-0.32,  $p = < 0.001$ )

Sex, Tumor distance FAV, Stage – NO significant interaction in achieving pCR

Aggressive histologic subtypes & Poorer outcomes

Improved survival → Better baseline performance status & Treatment tolerance

This study: Baseline characteristics and Pathologic outcomes NOT significantly different

**Present study findings**

- YORC: Higher pCR, NOT statistically significant
- LORC: significantly Higher pCR with LCCRT > TNT

Predominance of SCRT-based TNT (RAPIDO)

Variability in TNT outcomes (SCRT vs LCCRT-based) partly explain discrepancies

### CONCLUSION

- Rising incidence of YORC cases
- Significant predictor of Pathologic tumor response
- Comparable Pathologic Response YORC = LORC
- Larger multicenter studies with standardized NAT protocols are warranted
- Better define the biological and therapeutic distinctions in young-onset disease and optimize outcomes across age groups.



# DILEMMA DOWN THERE

## A RARE CASE OF SKIN ADNEXAL ADENOCARCINOMA PRESENTING AS AN EXOPHYTIC TUMOR IN THE PUBIC AREA OF A 49-YEAR-OLD MALE

Author: **Zamantha Franchezka G.P. San Lorenzo, MD-MBA**  
Co-Authors: **Jose Joven Cruz, MD; Orlando I. Diomampo, MD**

### BACKGROUND & SIGNIFICANCE

Skin adnexal adenocarcinoma, particularly of apocrine origin, is a rare and poorly understood malignancy of the skin's appendageal structures with an overall incidence of 2.2 - 7 cases per 1 million cases annually. The patient underwent multiple surgical procedures, but despite aggressive management, the disease progressed with lymph node involvement and distant metastasis to the bone. And given the scarcity of standardized treatment guidelines for skin adnexal tumors, this report underscores the need for individualized treatment plans and multidisciplinary team approach.

### CASE PRESENTATION

RM is 49-year-old male with chief complaint of rapidly growing mass in the pubic area. Within a six-week period, the pimple like lesion transformed into a 12 x 15 cm irregularly shaped exophytic tumor. This lesion eventually became infected and developed a foul smell. There was also note of purulent discharge with some oozing on the more friable areas. Persistence of the mass prompted consult requiring immediate surgical intervention to achieve source control and to improve quality of life.



Fig. 1 Documentation of the skin lesion (A) Upon arrival at the ER, (B) After 1 week of wet-to-dry dressing with betadine solution, (C) Immediately Pre-op after Surgical Prep

### PREOPERATIVE IMAGING

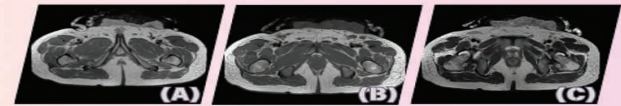


Fig. 2. Preoperative Imaging Done - Abdominopelvic MRI (A) Axial on PD phase (B) Axial on T1 phase (C) Axial on T2 phase

### OPERATION DONE

The first operation done was a wide resection of exophytic tumor on inferior abdominal wall to inguinal area. Histopathology revealed infiltration of pagetoid cells hence re-excision of margins was done. The wound was initially covered with wet to dry dressing until culture results were negative. In the same admission, patient then underwent split thickness skin grafting - careful and strategic placement of the skin graft was done to ensure adequate coverage for the complex shape of the defect.



Fig.3 Documentation after surgical intervention (A) After Wide resection, (B) After plastic Tacking, (C) After Skin Grafting, (D) Day 3 Post op, (E) Day 7 Post op, (F) Week 7 Post op

### HISTOPATHOLOGY

Initially seen as a poorly differentiated carcinoma favoring squamous cell carcinoma, additional IHCs now shifted and narrowed down the differentials to adenocarcinoma from a breast, skin adnexal or urothelial primary. Additional work up was then necessary to clinch the diagnosis.

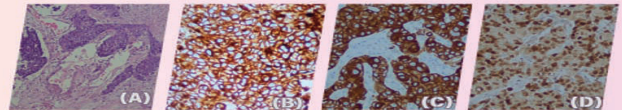


Fig. 4. Histopathology and Immunohistochemistry staining. (A) Poorly differentiated carcinoma favoring squamous cell carcinoma. (B) Positive P63 - Focal Nuclear Staining (C) Positive CK7 & (D) Positive GATA 3 - Both with strong and diffuse cytoplasmic staining in tumor cells

### CONCLUSION

This case illustrates the challenges posed by rare cutaneous malignancies. - with their often indolent yet aggressive nature, making early diagnosis difficult. And thus, the use of immunohistochemistry is critical in confirming the diagnosis and identifying its etiology. Surgical resection remains the mainstay of treatment, with wide local excision to achieve negative margins. In addition to that, this case also underscores the need for a multidisciplinary approach, combining surgery, pathology, and oncology to manage such complex tumors. The poor prognosis, particularly with metastatic spread, highlights the importance of early detection and individualized treatment plans. Further studies are necessary to develop specific guidelines for these cases.

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Philippine College of Surgeons  
Annual Clinical Congress

# COMPLETE HYPOPHARYNGEAL OBLITERATION

SECONDARY TO CAUSTIC INGESTION INJURY: A CASE REPORT

**Rex Ivar O. Saplot, MD**

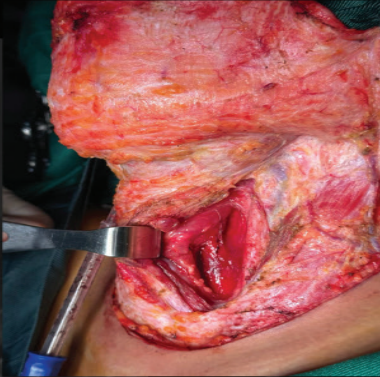
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## Introduction

Caustic ingestion and its sequelae continue to pose a serious clinical challenge due to the complex nature of the injuries it produces along the upper gastrointestinal tract. Despite increased public awareness, easy access to household caustic substances and weak regulation contribute to the persistence of such injuries. The extent of tissue destruction depends on the pH, concentration, and duration of contact of the caustic substance.

## Case Presentation

We report the case of a 14-year-old female from Cagayan de Oro City who ingested a mixture of alkaline cleaning agents in a suicide attempt. She was initially managed with emergency stabilization and feeding jejunostomy at a private hospital. Over the following months, she developed progressive dysphagia and dyspnea due to complete upper airway and esophageal obstruction. Endoscopy revealed total hypopharyngeal scarring with luminal obliteration. She was later admitted at Northern Mindanao Medical Center where she underwent partial esophagectomy and gastrectomy with substernal colonic interposition, esophagocolonic, jejunocolonic, and colocolonic anastomoses, and tracheostomy. Intraoperative findings demonstrated total obliteration of the hypopharynx, pylorus, antrum, with partial preservation of the esophagus. The patient recovered well and was discharged in stable condition.



## INITIAL PRESENTATION AND MANAGEMENT

Postoperatively, the patient was monitored in the surgical ICU, and enteral feeding through the colonic conduit was gradually advanced. Her recovery was uneventful, with no anastomotic leakage or infection. Over several weeks, she was weaned off parenteral fluids and transitioned to liquid oral feeding while undergoing speech and swallowing rehabilitation, which showed slow but steady improvement. She also continued psychological counseling to address the mental health factors underlying her ingestion. At the following months, her airway remained stable with a functional tracheostomy, and she tolerated soft diets with assistance, showing weight gain and nutritional recovery.

## Conclusion

This case demonstrates that even in the most severe forms of caustic injury, functional recovery and improved quality of life are possible through appropriate surgical planning and holistic care. Preventive measures including mental health education, family support, and stricter control of caustic substances remain vital to reduce such preventable tragedies.



81<sup>st</sup> Annual Clinical Congress

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