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IMPROVING THE RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH UNRESECTABLE PANCREATIC HEAD CANCER

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Multicenter studies show that the results after pancreatic resections strongly depend on the experience of the surgeon and the clinic, and the mortality rate can be 50%-70% lower among highly qualified surgeons working in hospitals with a large number of thematic patients compared to surgeons with little experience [1]. According to the US National Cancer Registry, breast cancer is the 7th leading cause of death from malignant tumors in men (4.6%) and 9th in women (4.7%) [2]. The mortality rate in the population is 8.9 per 100,000 population, with 10.7% for men and 7.3% for women [3]. Increasing the survival time of patients with unresectable pancreatic head cancer complicated by obstructive jaundice due to the use of modern chemotherapy regimens requires a comparative analysis of the effectiveness of surgical biliodigestive bypass technologies and prosthetics of the common bile duct with self-expanding metal stents (SEMS) [4].

The purpose of the study was to improve treatment outcomes of patients with unresectable pancreatic head cancer complicated by obstructive jaundice by improving the tactics and techniques of surgical interventions.

Materials and methods. A randomized prospective study included 107 patients with locally advanced pancreatic head cancer (stage III: T1-3N2M0, T4N0-2M0) complicated by mechanical jaundice, who were randomized to the control (n=53) or experimental (n=54) group. Patients of the control group underwent biliodigestive bypass by hepaticojejunostomy using the Roux-en-Y end-to-side method with prophylactic gastrojejunostomy, and patients of the experimental group underwent prosthetics of the common bile duct with metal self-expanding stents (SEMS).

Adjuvant chemotherapy (gemcitabine+cisplatin) was performed in 58.5% (31/53) patients of the control group and 64.8% (35/54) of patients in the experimental group.

Results. The use of SEMS compared to surgical shunting reduced the frequency of I-III degree complications by 24.8% ($p<0.001$), IV-VI degree by 2.7% ($p<0.001$). The mortality rate decreased by 7.5% ($p<0.05$), the length of hospital stay decreased by 10.9 days ($p<0.05$). 8-10 months after SEMS-correction of jaundice, 6 (11.1%) patients had a recurrence of jaundice and cholangitis, another 4 (7.4%) patients developed duodenal obstruction. After a course of intensive therapy, restentation was performed in 4 patients with obstruction of the biliary stent, in 2 patients the obstruction of the stent was eliminated by endoscopic rehabilitation. Duodenal obstruction in 4 patients was eliminated by installing SEMS. There were no cases of recurrence of jaundice or development of duodenal obstruction in patients after surgical bypass surgery.

Conclusions. Decompression of the biliary system by SEMS compared to surgical shunting reduced the frequency of postoperative complications by 27.5% ($p<0.05$), mortality by 7.5% ($p<0.05$). After 8-10 months after SEMS, recurrence of jaundice with cholangitis (11.1% of patients) and duodenal obstruction (7.4% of patients) developed, which required reconstructive operations.

List of references

1. Bezrodnyi BH, Kolosovych IV, Hanol IV, Cherepenko IV, Slobodianyk VP, Nesteruk YO. Comparison of the clinical effectiveness of hepaticojejunostomy and self-expanding metal stents for bypassing the bile ducts in patients with unresectable pancreatic head cancer complicated by obstructive jaundice. Wiad Lek. 2024;77(4):629-634. doi:10.36740/WLek202404102.

2. Кучин Ю.Л., Безродний Б.Г., Колосович І.В., Слободяник В.П. Паліативне хірургічне лікування раку підшлункової залози. – Київ: Видавець Бихун В.Ю., 2024.- 456 с.

3. Klein AP. Pancreatic cancer epidemiology: understanding the role of lifestyle and inherited risk factors. Nat Rev Gastroenterol Hepatol. 2021;18(7):493-502. doi:10.1038/s41575-021-00457-x.

4. Kolbeinsson HM, Chandana S, Wright GP, Chung M. Pancreatic Cancer: A Review of Current Treatment and Novel Therapies. J Invest Surg. 2023;36(1):2129884. doi:10.1080/08941939.2022.2129884.