

EURASIAN SCIENTIFIC CONGRESS

Abstracts of XI International Scientific and Practical Conference

Barcelona, Spain

1-3 November 2020

Barcelona, Spain

2020

MEDICAL SCIENCES

URGENT SURGICAL TREATMENT OF ACUTE COMPLICATED GASTRIC CANCER

Ivanchov Pavlo

M.D., professor

Prudnikova Oksana

Assistant

Kurbanov Anton

Cand. Sc., assistant

Peresh Yevhen

Cand. Sc., assistant

Surgery department №3

O. Bogomolets National medical university

Kyiv, Ukraine

Introductions. In the general structure of the causes of gastrointestinal bleedings from the upper part of gastrointestinal tract, the proportion of bleeding, caused by stomach cancer, increases annually by 2.8%. Every year the hospitalization of young patients, with severe bleeding, decompensated stenosis, atypical perforation and incurable concomitant pathology is significantly increased.

Aim. Determination tactics of urgent surgical treatment in patients with complicated stomach cancer.

Materials and Methods. In the Kyiv City Center for Emergency Care of patients with gastrointestinal bleedings from 2011 to 2017, were operated 123 patients with stomach cancer, complicated by gastrointestinal bleeding -99, with perforation-5 or stenosis-37 . The average age of patients was 61.5 ± 13.1 years.

Results and discussion. The largest group were patients with stage III and IV stage of cancer - 44 (35.8%) and 64 (52%) patients, respectively, with stage II - 9 (7.3%) patients, and the least patients were patients with initial I and Cr in situ stages

- 3 (2.4%) patients respectively. Among patients, in 73 (51%) stomach cancer was first established in our clinic in connection with the development of complications.

Endoscopic methods of hemostasis have been used in all patients with gastric cancer who have complicated as the gastrointestinal bleeding in order to prevent the relapse of bleeding and delay the onset of surgical intervention. Based on the elaborated criteria, 8 (6.5%) patients were operated in an emergency at the height of the ongoing bleeding (2) or at the height of its relapse (6), of which radicals were 4 (50.0%), not radical - 4 (50.0%), postoperative mortality was 37.5%. Radical operations in the early delayed period were performed on 81 (81.8%) patients with GB, including 32 (39.5%) of gastrectomies, 5 (6.2%) of combined gastrectomies, and 40 (49.4%) of subtotal distal resection of the stomach and 4 (4.9%) of proximal resection of the stomach.

In the case of perforation of cancer, 8 (6.5%) patients were emergency operated, 2 (25%) of whom managed to perform radical surgical interventions.

After adequate preoperative preparation, 29 (78.4%) patients with stenotic tumor performed standard radical resection of the stomach, and 8 (21.6%) patients - non-radical resection of the stomach in various modifications.

The overall share of postoperative complications were 6.1%, and overall postoperative mortality was 6.9%.

Conclusions. 1. Urgent surgical treatment of acute complicated gastric cancer are aimed primarily at saving the patient's life.

2. The radicality of surgical interventions depends on the general condition of the patient, the peculiarities of complications of the tumor process, the presence of concomitant pathology and stage of the disease.

REFERENCES

1. Japanese Gastric Cancer Association Japanese gastric cancer treatment guidelines 2014 (ver. 4) Gastric Cancer. 2017; 20 (1):1–19.
2. Skierucha M, Milne AN, Offerhaus GJ, Polkowski WP, Maciejewski R, Sitarz R. Molecular alterations in gastric cancer with special reference to the early-onset subtype. World J Gastroenterol. 2016; 22(8):2460–2474
3. Linhua Yao, Fei Yu, Yingying Mao, Tianpei Wang, Qi Qi, Hui Ding, Jincheng Wang, Hongxia Ma, Juncheng Dai, Guoxin Zhang & Guangfu Jin. Gastric cancer may share genetic predisposition with esophageal squamous cell carcinoma in Chinese populations. Journal of Human Genetics volume. 2018 (63):1159–1168.
4. Yoshio Yamaoka. How to eliminate gastric cancer-related death worldwide? Nature Reviews Clinical Oncology volume. 2018 (15): 407–408.
5. Yarema RR Manzoni D. de Fetsich TG Ogorchak MA . D2 lymph dissection: on the way to implementation in the European population of patients with gastric cancer. Clinical oncology. 2015. №1(17):24-29
6. V. Lazyrsky. The results of surgical treatment of patients with complicated locally advanced gastric cancer. Clinical surgery. 2017 (9):24-27.