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Laparoscopic cytoreductive surgery for metastatic colon cancer - how to improve treatment results

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Background: Colon cancer (CC) is one of the most common oncological diseases in world. Up to 30% patients in Russia have metastatic CC at first visiting to oncologist. The treatment results are still controversial. Nowadays, minimally invasive laparoscopic precision technique allowed extending the indication for cytoreductive surgery even in patients with severe comorbidities

Materials & Methods: 89 patients with colon cancer (T1-4a) and curable synchronous distant metastases included in study. All patients underwent cytoreductive surgery with primary tumor resection. In study group (44), we performed laparoscopic surgery, in main group (45) – open surgery procedure. The groups were similar by sex, age, tumor localization and histological structure, comorbidities.

Results: R0 resection was performed to 27% patients. The average number of lymph node removal was similar to 13 and 12 respectively. Average operation time was significantly longer in study group 210 vs. 120 min. In study group, blood loss was lower: 300 ml vs. 1200 ml. Postoperative patient recovery was shorter after laparoscopic surgery ($p<0.05$); time to activation 2.2 vs. 3.9 days; time to first peristalsis- 1.8 vs. 4.5 days; first bowel movement- 3.4 vs. 4.8 days; first food taken- 2.9 vs. 3.9 days. Shorter time of analgesics intake was 2.3 vs. 4.4 days, $p<0.05$. Hospital stay was shorter: 9.3 vs. 13.4 days, $p=0.05$. Time to start chemotherapy reduced since 27.5 to 14.7 days, $p<0.05$. Postoperative complications lower in study group: 6.8 vs. 17.8%, $p=0.05$. Kaplan-Meier 2-year overall survival were similar: 69.5% vs. 61.6%, $p=0.96$

Conclusion: Laparoscopic cytoreductive surgery for metastatic CC is safe, minimized surgical trauma and speed up patient recovery.

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