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Medial to lateral lymph nodes dissection for primary radical resection of colon cancer, complicated by large bowel obstruction

Pavel Melnikov

Moscow City Oncology Hospital No 62, Russia

Background: Choosing a primary radical resection in treatment of large bowel obstruction, often oncologically justified by necessity to remove the obstructive tumor at the first stage. However, indicators of radicalism of this approach are not enough reflected in trials.

Materials & Methods: Prospective comparative trial in period from December 2012 till April 2015 of treatment outcomes and specimens of 70 patients, whom mobilization of the mesocolon were performed in medial to lateral direction and traditional way.

Results: The average number of lymph nodes, complications of I, II and V level did not differ significantly. The median vascular tie length improved from 42 to 115 mm for right colon cancer and from 30 to 65 mm for left colon cancer.

Conclusions: Benefits of the primary radical treatment for large bowel obstruction versus delayed surgery remains controversial. However, at the first case, the choice should be given to the medial-lateral approach, which allows achieving best tissue morphometry and improving of treatment outcomes.

Drmelnikov84@gmail.com