PRACTICAL IMPORTANCE OF SURGICAL TREATMENT OF LOCALLY ADVANCED STOMACH CANCER

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Abstract

Currently, aggressive surgical tactics are becoming more and more distinct, the proponents of which advocate the most complete removal of a stomach tumor in a locally widespread process. However, this approach is not shared by all surgeons. Indications forcombined resections and palliative interventions remain contradictory. The results of surgical treatment of locally advanced gastric cancer cannot be considered satisfactory. There is a fairly frequent (38-60%) refusal of surgical treatment due to the prevalence of the tumor process. Even after potentially radical operations, most patients with locally advanced gastric cancer die from tumor progression and recurrence. The lack of a single surgical tactic, the inconsistency of immediate and long-term treatment results determined the relevance of this study.

Keywords: stomach cancer, locally advanced cancer of the distal stomach, surgical treatment, radiation diagnostics, long-term results. surgery, treatment

Introduction

Stomach cancer (SC) remains an urgent problem of modern medicine. Russia is among the top ten countries in terms of the incidence of this nosology, firmly holding the leading position in the world in terms of mortality from SC [2]. The indicators of neglect of rye remain high. Currently, 60-90% of newly diagnosed patients have stages III and IV of the disease [11]. At the same time, the proportion of locally widespread RYE, according to the literature [2, 14], fluctuates from 20 to 60%. Currently, a single concept of "locally advanced cancer" has not been definitively formed in the literature. We support those authors [1, 6] who use this term to denote damage to the entire thickness of the stomach wall with histologically verified ingrowth into neighboring structures in the absence of distant metastases (T4N0-3M0). We consider this interpretation to be the most convenient from a practical point of view. She outlines a relatively homogeneous group of patients who, in order to achieve radical intervention, require combined operations with resection of neighboring organs.

One of the main ways to reduce the frequency of unresectability of locally advanced SC is to increase the volume of surgery to multi–organ resections of organs adjacent to the stomach involved in the tumor process. The results of such interventions presented in the literature are quite contradictory. According to some authors [6, 13,

14], with the expansion of the volume of combined operations to multiorgan resections, there is a significant increase in the frequency of postoperative complications (up to 59.4%). Other researchers [5, 12] claim that this increase is insignificant and amounts to 20.7-21.5%. Still others [7] believe that the expansion of the volume of intervention does not affect the frequency of complications, and complications occur in no more than 6.0% of cases.

The 5-year survival rate of radically operated patients with locally advanced RV is absent in some studies, in others it reaches 49,3% [1, 3, 4,]. At the same time, according to a number of authors [8, 9], no dependence of the long-term results of surgical treatment on the number of resected neighboring organs was revealed. Not all researchers agree with this. So, in the message I. Kodama et al. (1997) [10], after resection of one organ, 29% of patients lived for more than 5 years, after multiorgan resections, 5-year survival was not noted. Thus, the immediate and long-term results of multiorgan resections in locally advanced SC, given in the literature, remain extremely contradictory, and the expediency of their implementation is not recognized by all authors.

The purpose of the study. To improve the results of surgical treatment of locally advanced stomach cancer.

Materials and methods of research. The study is based on a clinical and laboratory examination and observation of 58 patients with bladder cancer who applied to the Andijan Regional Oncological Dispensary from 2011 to 2021.

The results of the study. Complications after radical interventions were observed in 53 (31.4±3.3%) patients. At the same time, in 33 (19.5%) patients, postoperative complications required relaparotomy, of which 4 (2.4%) patients underwent repeated operations twice, and 3 (1.8%) – four times. The most common complications were: postoperative pancreatitis/pancreonecrosis (10.1±1.4%), abdominal abscesses of various localization (9.5±1.3%), failure of esophagoenteroanastomosis sutures (4.1±0.6%), nosocomial pneumonia (4.1±0.6%). Postoperative mortality was 7.1±1.0% (12 patients died). We have studied the effect of the number of resected neighboring structures on the immediate results of radical combined interventions.

The immediate results of interventions with resection of only one neighboring organ were regarded by us as relatively satisfactory (the frequency of postoperative complications was 22.1±4.1%, mortality was 5.9±1.3%).

Thus, performing multi-organ resections with locally advanced RV has a negative effect on the immediate results of surgical treatment. Long-term results were observed in 138 patients (81.7%). The overall 5-year survival rate of radically operated patients with locally advanced gastric cancer was 24.1±3.1%, the median survival

reached 16 months. The long-term results of radical combined interventions are analyzed depending on the number of resected neighboring structures.

The survival rate of patients after resection of only one neighboring organ during combined intervention was studied in 54 patients. At the same time, the 1-year survival rate reached 64.8 ±6.2%, 3-year – 35.2±6.2%, 5-year – 29.2±5.6%. The median survival in this subgroup was 16 months. In the subgroup of operated patients (44 people) who underwent resection of two adjacent organs, the 1-year survival rate was 61.4±7.2%, 3-year–old - 34.1±6.8%, 5-year–old - 29.8±6.3%. The median survival rate is 18 months. Among 33 patients who had three adjacent organs resected, 54.5±8.7% of those operated on lived for 1 year, 21.1±5.9% for 3 years, and 15.2±4.5% for 5 years. The median survival rate is 14 months. Of the 9 patients who underwent resection of four adjacent organs, 4 patients lived for 1 year, and 1 operated for 2 years. There was no 3-year survival rate in this subgroup.

The median survival rate was 12 months. Thus, the long-term results of interventions with resection of no more than two adjacent organs are regarded as relatively satisfactory. An increase in the number of resected neighboring organs to three significantly worsened the survival rate of patients with locally advanced gastric cancer, and to four made it unsatisfactory (3–year survival was not observed).

Conclusions

In locally advanced RV, combined interventions with the possibility of complete removal of the tumor (R0) are characterized by relatively favorable treatment results. The involvement of three neighboring organs in the tumor process statistically significantly worsens the long–term results of surgical treatment of locally advanced RV, and four - makes them So that modern therapeutic tactics for locally advanced RV should be based on an active surgical position. However, it is necessary to develop criteria determining the expediency of performing combined interventions in patients with this disease.

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