

Surgical treatment of residual stomach cancer with a new technique of alimentary tract reconstruction

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Abstract

AIM: To summarize the experiences of surgical treatment of residual stomach cancer and introduce a new technique of alimentary reconstruction.

METHODS: Between January 1973 and December 1996, 39 residual gastric cancer were treated at our department. Of the 39 patients, 34 were male and 5 were female. Thirty-five were with residual cardiac cancer, one residual gastric greater curvature cancer and three were residual stomach anastomotic cancer. Absolute radical resection was performed in 12 patients (30.8 per cent), relative radical resection in 8 patients (20.5 per cent), palliative resection in 6 patients (15.4 per cent) and one patient had laparotomy 12 patients were treated with inguinal lymph nodes chemotherapy. The pathohistological findings were: residual cardiac cancer in 23 cases, residual stomach greater curvature cancer in 1 case, residual stomach anastomotic cancer in 2 cases. Poorly differentiated carcinoma: 8 cases, mucous adenocarcinoma 3 cases and adenocarcinoma 15 cases. Sixteen patients had lymph nodes metastasis and 10 had no lymph nodes metastasis. Of the 16 patients, fourteen had N1 lymph nodes involvement, 13 N2 lymph nodes involvement and 6 had N3 lymph nodes involvement. According to TNM classification, 1 patient belonged to early residual stomach cancer, 1 to stage I, 7 to

stage II-a, 6 to stage III-b and 7 to stage IV. Twenty-two patients received combined resection of total residual stomach and adjacent organs. Of these, 14 patients had combined resection five organs, four organs (4), three of organs (4) and total resection of residual stomach (4). The esophago-jejunostomy for gastric substitution or Roux-en-Y jejunojejunostomy of alimentary reconstruction were performed in ten patients. Tomoda and Roux-en-Y were carried out in 11 and 5 patients, respectively.

RESULTS: Thirteen non-resected patients died between six months and two years from diagnosis, mean survival length 10^4 mo. In the whole group of patients who underwent surgery 12 out of 26 patients died. 6 patients survived over one year, 2 patients two years, one patient four years, two patients five years and the longest length of survival was nine years, mean length of survival 2.5 years. Fourteen patients are still alive. Including, two patients over half a year, 4 over one year, 4 over two years and 4 over five years (two patients are still alive for more than ten years). The overall operative mortality for this group were zero, the results of treatment were satisfactory.

CONCLUSION: Incidence rate of residual stomach cancer was 1.85 per cent (39 vs 2110). Combined resection of total residual stomach and adjacent organs and elimination of lymph nodes (D^+2 , $D3$) are necessary for residual stomach cancer. Esophago-jejunostomy for gastric substitution and Roux-en-Y jejunojejunostomy for alimentary reconstruction is proved to be a suitable modality, and worth of recommending.

Key words: Stomach neoplasms/surgery; Adenocarcinoma/surgery; Neoplasm, residual

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