

## Clinical study on the D<sub>4</sub> lymph nodes excision in advanced gastric cancer

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### Abstract

**AIM:** To study the safety and the traumatic degree of D<sub>4</sub> approach by retrospective analysis of the para-operative data from the para-aortic lymph nodes excision in comparison with those from standard radical resection in advanced gastric cancer (AGC).

**METHODS:** Several para-operative data including the resectability, the mortality, the complicated morbidity, the amount of transfused blood, and the hospitalized days relating to the operation were analyzed statistically between D<sub>4</sub> ( $n = 30$ ) and D<sub>2</sub> lymph nodes

excision ( $n = 34$ ) groups. The data expressed as means  $\pm$  SD was analyzed statistically by Student's  $t$  test. Percentage of the data was analyzed by  $\chi^2$  test statistically. It was taken as significant difference if  $P$  value was less than 0.05.

**RESULTS:** The percentage of palliated resection in D<sub>4</sub> group was significantly lower than that in D<sub>2</sub> group (16.67% vs 47.06%,  $P < 0.05$ ). This D<sub>4</sub> radical resection would indeed prolong the drainage time ( $7.35 \pm 0.98$  d vs  $14.78 \pm 2.16$  d,  $P < 0.01$ ). The amount of transfused blood during operation ( $774.32 \pm 112.09$  mL) and the operative consuming time in D<sub>4</sub> group ( $7.14 \pm 0.39$  h) increased significantly too compared with those in D<sub>2</sub> group ( $538.67 \pm 59.87$  mL,  $P < 0.05$ ;  $4.12 \pm 0.18$  h,  $P < 0.05$ ), suggesting that the dramatic degree of D<sub>4</sub> operation was severer than that of D<sub>2</sub> operation. But the mortality, the morbidity of complication and the hospitalized time after D<sub>4</sub> operation did not increase significantly, indicating that D<sub>4</sub> lymph nodes excision as a choice of the surgical treatment of AGC was safe and feasible.

**CONCLUSION:** D<sub>4</sub> lymph nodes excision for AGC is safe, reasonable and feasible.

**Key words:** Stomach neoplasms/surgery; Lymph nodes excision; Complications

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