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Research Protocol

Results of Surgical Treatment of Gastric Adenocarcinoma

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Abstract

Gastric cancer is cancer with a poor prognosis. Dexeresis surgery associated with lymph node dissection is the basis of curative treatment.

The goal of our work is to report to you the clinical, therapeutic and evolutionary characteristics of the patients operated on in our department over a period of 12 years.

Materials and Methods: This is a retrospective study spanning 12 years from January 2006 to December 2017.

Patients hospitalized in the department for histologically proven gastric adenocarcinoma were included. The following parameters are studied: Age, sex, clinical signs, treatment, Morbidity, and survival. 115 files of patients with adenocarcinoma of the stomach were collected. They were 75 men and 40 women. The average age was 61. 96 patients received surgical treatment.

A total gastrectomy associated with a lymph node dissection type DII was performed in 68 patients including 14 cases of the Maruyama type.

Conclusion: The management of stomach cancer is multidisciplinary. The diagnosis is most often made at an advanced stage. Surgery remains the main therapeutic weapon. Perioperative chemotherapy has become the standard in the therapeutic management of resectable tumors, however, the prognosis remains bleak.

Keywords: Cancer; Gastric Adenocarcinoma; Clinical Sign

Introduction

In Algeria, gastric cancer occupies the 5th rank at the man and the 6th rank for women. Excision surgery associated with lymph node dissection is the basis of curative treatment. The aim of our work is to report the clinical, therapeutic and evolving characteristics of patients operated in our service over a period of 12 years [1].

Materials and Methods

- Retrospective study 2006-2017
- Histologically proven adenocarcinoma
- Parameters studied: Age, sex, clinical signs, treatment, morbimortality, prognosis and survival.

Results

Epidemiological characteristics

115 patients: 75 Men and 40 women; Sex ratio close to 2; Average age 61years (28-83).

Clinical features

Epigastralgia 70%; Anemia 50%; Weight loss 38%; Palpable mass 12 patients.

Diagnosis staging

- Esophagogastroduodenoscopy (EGD) + Biopsy: for all patients
- Antral seat (44%)
- Thoraco abdomino pelvic scanner made for all patients
- ASA Score: ASA I 60%.

Surgical modalities

96 operated patients (83%).

Curative procedure for 78 patients (75%)

Total gastrectomy for 73 patients

- With extension to the ovary in monobloc: 05 patients
- With Liver metastasectomy: 03 patients.

Lower polar gastrectomy for 05 patients

- DII lymph node dissection: 68 patients (Maruyama: 32 patients)
- DI: 09 patients
- DIII: 01 patient.

Restoration of digestive continuity

After total gastrectomy: Esophagojejunal anastomosis

- On Y shaped handle (Roux) for 71 patients
- On Omega handle for 02 patients.

After lower polar gastrectomy: gastro-jejunal anastomosis

- On Y shaped handle Finsterer for 05 patients [2].

Palliative procedure for 13 patients (20%)

- 07 Gastric bypass, 05 Gastrectomies of cleanliness, 01 Feeding jejunostomy, 05 Exploratory surgeries, 03 laparotomies, 02 laparoscopy exploration.

Results: Adjuvant treatments

Chemotherapy combined with curative treatment for 43 patients (55%)

- Perioperative chemotherapy for 31 patients
- Adjuvant chemotherapy for 10 patients
- Intraperitoneal chemotherapy + adjuvant chemotherapy for 02 patients.

Chemotherapy combined with palliative treatment/abstention for 14 patients/18

- Adjuvant chemotherapy for 09 patients including 02 patients with intraperitoneal chemotherapy
- Neoadjuvant chemotherapy for 04 patients.
- Intraperitoneal chemotherapy for 01 patient [3].

Results anatomopathological

UICC Classification 2016 (8th edition).

	Number of patients
Stage I	02 patients 02%
Stage II	13 patients 13.5%
Stage III	40 patients 41.5%
Stage IV	41 patients 43%

Table a

*Resection margin: After curative surgery

- R0: 66 patients 85%
- R1: 12 patients 15%.

*The number of lymph nodes taken: (68 patients)

- Number varies: 04-60 lymph nodes
- Average: After DI: 15 lymph nodes
  - After DII: 27 lymph nodes

*The number of infiltrated lymph nodes:

- Number varies: 00-33 lymph nodes
- Average : After DI: 02 lymph nodes
  - After DII: 04 lymph nodes.

Results: Postoperative mortality

- 10 postoperative deaths 10%: (07 patients: Age>63 years old, ASA > I).
- Medical causes of mortality: 03 cases of pulmonary embolism.
- Surgical causes of mortality: 07 cases.

*05 cases of postoperative peritonitis: 04 cases of anastomosis release

- 01 case of duodenal fistulaa.
- *02 cases of hemorrhagic shock.

Results: Postoperative morbidity: 13%

Esophagojejunal and Gastrojejunal anastomosis fistula: 06 patients

- Minimal fistula seen in 04 patients
- Serious fistula, broadband seen in 02 patients

Subphrenic abscess seen in 02 patients

Evisceration seen in 01 patient.

Parietal sepsis seen in 04 patients.

*Average length of stay 11 days

Results: Survival

After curative surgery

	Our series	European series
12 month survival	54%	-
36 month survival	33%	-
60 month survival	22%	30%

Table b

Without curative resection

Our series	European series	Our series
60 month survival	05%	02%

Table c: [4].

NB: 04 patients lost to folow out.

Discussion 1

- Gastric adenocarcinoma is more frequent in man over 60 years.
- Its frequencies have decreased
- It is characterized by its Polymorphic and non-pathognomonic symptoms.
- His diagnosis is often late.

	Our series	Glehen	Japan series
Stages III and IV	85%	65%	50%
Stages I and II	15%	35%	50%

Table d: [5].

Discussion 2

- The Lymph node dissection DII is the most common practice, which is consistent with the recommendations [6].
- Morbidity and especially mortality is influenced by the advanced age of our patients and by their comorbidities [7].
- The management of gastric cancer must be discussed in multidisciplinary consultation meeting: "Global and adapted management for each patient".
- Surgery is the only curative reference treatment [8]: but on its own becomes insufficient; It must be added by chemotherapy (FLOT4) = Improved survival rate [9].

Conclusion

The low 5-year survival rate (22%) should call for an earlier diagnosis and more appropriate treatment.

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