

Therapeutic attitude in patients with positive resection line involvement (R1) after gastrectomies for gastric cancer

N. Nicolescu¹, G. Molnár², C. Iancu³, N. Al Hajjar³, O. Bălă³, D. Munteanu³, L. Vlad³

¹Spitalul Municipal Aiud

²Clinica Chirurgie III, Spitalul Clinic de Urgență "Octavian Fodor", Cluj Napoca

³Clinica Chirurgie III, UMF "Iuliu Hațieganu", Cluj Napoca

Abstract

Introduction: The radical treatment of the gastric cancer consist in large gastric resections and lymphadenectomy. Resection line involvement at microscopic histopathological examination (R1) could change prognostic unfavorable.

Material and methods: They were 135 patients with gastric cancer operated between 2006-2007, with radical gastric resections and lymphadenectomy. In 3 patients with early gastric cancer and 23 patients with different stages of cancers, histopathological examination showed resection line involvement. From this study were eliminated the patients with stage IV cancers in whom resections were palliative.

Results: Incidence of positive resection line involvement was 19,25%. 88,46% of the tumors were staged pT2 and pT3 and the majority was poorly differentiated or undifferentiated (G3 and G4). Lymphatic involvement (pN1 or pN2) was demonstrated in 18 (69,23%) patients with R1. Perioperative complications were encountered in 15,38% of this patients, with 7,69% mortality.

Conclusions: Presence of tumoral tissue at resection line level could decrease survival in this patients. Therapeutic protocol in patients with resection line involvement (re-laparotomy with re-resection or surveillance) must be establish in accordance with several factors: T and N category, risks of another surgical interventions, patients acceptance.

Key words: gastric cancer, resection-line involvement, re-laparotomy

Correspondență: Dr. Nicoleta Nicolescu
Str. București nr. 62, Alba Iulia, jud. Alba
E-mail: ninanicolescu@yahoo.com