

Diagnostic laparoscopy in gastric cancer – interm analysis.

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ABSTRACT

INTRODUCTION: Gastric cancer is the fourth common malignancies in the World and the second cause of death caused by cancer. Peritoneal spreading is repercussion of cancer progression and precludes oncological clearance after surgical treatment. The aim of the study of two Lublin centers was to assess a value of diagnostic laparoscopy in clinical staging and identify preconditions for curative resection in gastric cancer patients considered to a combined treatment with perioperative chemotherapy.

METHODS: From January 2013 in Second Department of General and Gastrointestinal Surgery and Surgical Oncology of the Digestive Tract, Medical University of Lublin and in Department of Oncological Surgery, Medical University of Lublin, 105 gastric cancer patients has diagnostic laparoscopy performed. Patients with potentially resectable local or locoregional GC without distant metastases on CT and in general condition allowing for a combined treatment with perioperative chemotherapy. An assessment of gastric wall invasion, the liver, peritoneal covering, the presence of ascites, and peritoneal washing for cytology and biochemistry were performed during laparoscopy. In this paper we present the analysis of clinical and pathological parameters in 105 patients in whom the baseline clinical stage based on CT scan and endoscopic examination were supplemented with diagnostic laparoscopy results.

RESULTS: Diagnostic laparoscopy was carried out in 71 males and in 34 females aged between 34 and 79 (mean 60.5 ± 9.7). A direct observation increased accuracy of assessment of cancer invasion as T2/T3/T4A/T4B in 13.8%/36.2%/41.5%/6.4% of patients, as compared to CT assessment in 8.2%/37.1%/16.5%/11.3% of patients, respectively. Peritoneal metastases were confirmed in 27 patients (26.0%), cancer ascites in 16 patients (15.4%), and positive cytology in peritoneal washing in 23 patients (22.1%). Newly discovered findings in diagnostic laparoscopy resulted in modified management with palliative therapy in 28 patients (30.1%) and in the remaining 65 (69.9%) patients primarily intended a combined treatment with perioperative chemotherapy has been sustained. Cancer location in proximal and middle third of the stomach predominated in patients referred to a palliative therapy in 46.4% and 64.3% of patients, respectively as compared to 33.8% and 31.3% of patients selected to a combined therapy. Additionally, patients referred to palliative therapy revealed a higher level of CEA in peritoneal washing (8.0 ± 20.0 ng/ml vs. 0.61 ± 1.17 ng/ml) and a higher level of CA 19-9 (36.9 ± 138.5 U/ml vs 39.2 ± 104.3 U/ml).

CONCLUSIONS: The initial results of the study suggest that diagnostic laparoscopy is a valuable diagnostic tool improving a clinical staging and assessment of curative potential in gastric cancer patients considered to a combined treatment with perioperative chemotherapy.

Kategoria: K4. Chirurgia kolorektalna – nowe metody i techniki operacyjne / Chirurgia minimalnie inwazyjna w nowotworach narządowych / Powikłania w chirurgii minimalnie inwazyjnej / Colorectal surgery – new methods and surgical techniques / Minimally invasive surgery in organ tumors / Complications in minimally invasive surgery