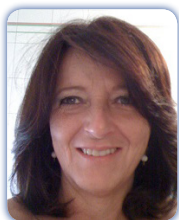


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Clinicopathological features and disease outcome of complicated gastric cancer with outlet obstruction, perforation or overt bleeding

A diagnosis of cancer following a complicated presentation is associated with poorer clinical and patient-reported outcomes. These inferior outcomes include the less-frequent use of treatments with a curative intent, well-established associations between emergency or urgent presentation and inferior survival and worse quality of life and patient experience than those diagnosed with cancer through other routes. Outlet obstruction, perforation and overt bleeding are ominous complications of gastric cancer. Gastric outlet obstruction was described by Sir, James Walton as “The stomach you can hear, the stomach you can feel and the stomach you can see”. Gastric outlet obstruction implies complete or incomplete obstruction of the distal stomach, pylorus or proximal duodenum. Once a mechanical obstruction is confirmed, the problem is to differentiate between benign and malignant processes because definitive treatment is based on recognition of the specific underlying cause. The most common cause of gastric outlet obstruction in adults is gastric cancer (63%) and the remaining 37% are due to benign disease. Surgeons should have to take into consideration that repeated vomiting in these patients causes nutritional deficiencies and occurs with marked dilatation and edematous thickening of the gastric wall. Nutritional deficiency has been regarded as a significant risk factor for postoperative complications in major abdominal surgery. Gastric carcinoma with pyloric stenosis, the main source of malignant gastric outlet obstruction, is usually far advanced and the significance of surgical treatment for such conditions has been given little attention in the literature. Perforated gastric is rare, accounting for 0.3-3% of gastric cancer cases. Only one third of cases of perforated gastric cancer are diagnosed preoperatively. Gastric cancer bleeding accounts for 58% of the bleeding cases resulting from upper gastrointestinal malignancies. The effects of obstruction, perforation and overt bleeding and the possible simultaneous effects of these conditions on the outcome of gastric carcinoma are difficult to determine because the definitions of these conditions used in previous studies were either imprecise or not stated. Given this lack of clarity about the entities of outlet obstruction, perforation and overt bleeding in gastric cancer it is not surprising that the impact of these conditions on outcome remains unclear. The goal is define the impact of complicated gastric cancer on the clinical outcome of the patients.

Biography

Elena Orsenigo is a General Surgeon with more than 30 years of experience as well as broad medical experience. She has excellent bedside manner and patient communication skills developed through more than three decades of combined schooling and teaching experience. She is the Chief of Minimally Invasive Surgery at San Raffaele Hospital, lead and assist in a variety of surgical procedures to address injuries, inflammatory and oncological diseases, communicate with patients and other medical professionals to create a treatment plan that includes preoperative preparations, surgical protocols and postoperative care and also prepare reports and other forms of documentation to keep patient charts updated around the clock during pre- and post-surgical hospital stays. She is also a Professor of Surgery and author of 88 paper published on PubMed.