

International Virtual conference on Surgery and Anesthesia

October 13-14, 2022 | Webinar

Surgical techniques for stomach cancer

Dritan Reovica

University Hospital "Mother Teresa" Tirana, Albania

Abstract

Gastric cancer is an open disease worldwide. Regarding its treatment, there are a number of variables that influence the determination and implementation of the appropriate treatment. The basic treatment with a curative purpose is surgery, which is based on the localization of the tumor, its stage, the involvement of the lymph nodes, the histology of the tumor, the preoperative condition of the patient (age, associated comorbidities). In addition to curative surgical treatment, we also have palliative treatment that aims to improve the patient's lifestyle. The purpose of this study is to present the alternatives of surgical treatment of stomach cancer applied in the third Clinic of General Surgery at the "Mother Teresa" University Hospital Center, in Tirana, Albania. Material and method: This is a retrospective study, which includes 140 patients who underwent surgical intervention during January 2016 - December. For each patient, sociodemographic and clinical data were obtained from intervention registers, clinical records and post-intervention anatomic pathological data. Results: In cases of localization of cancer in the region of the cardia and fundus, the surgical technique chosen was a total gastrectomy (100% of cases). In localization at the level of the gastric corpus, the technique used was a total gastrectomy 13 (37.1%) and a subtotal resection 21 (60%). In 1 (2.9%) case, tumor resection was performed. In localization at the level of the antrum, the technique used was total gastrectomy 2 (4.2%) and subtotal resection 46 (95.8%). In three patients with cancer in the pylor, subtotal gastric resection was performed in 2 (66.7%) cases, and 1 (33.3%) tumor resection. It was observed that 47.1% of patients presented in advanced stage (III and IV). It is precisely the delay in the appearance of gastric cancer and the presentation of patients in these advanced stages that is the cause of an inoperability index of 12.9% and a general operability index of 87.1%. In terms of histology, the most frequently found form was moderately differentiated adenocarcinoma in 46.4% of cases, followed by poorly differentiated adenocarcinoma in 36.4% and finally well-differentiated in 11.4% of cases. In the case of poorly differentiated adenocarcinoma and 'signet cell' carcinoma, total gastrectomy was performed regardless of tumor location. Conclusion: With the implementation of screening programs and the use of new surgical devices, we hope that in our country we will have a decrease in the incidence of cancer development and the presentation of patients at an earlier stage and the treatment will be more optimal.

Biography

I am a medical doctor, surgeon, from Tirana, Albania. I graduated on 1995 from the Faculty of Medicine, University of Tirana, Albania. Afterwards I was specialized for four years in Surgical Department and currently I work at the at the University Hospital Centre "Mother Teresa" in Tirana at surgical division. Currently I am doing Phd in this domain at Tirana University, in Tirana - Albania. References 1. Edge SB, Byrd DR, Compton CC, Fritz AG, Greene FL, Trotti A, editors. AJCC cancer staging manual, 7th edn. New York, Springer; 2010. 2. Songun I, Putter H, Kranenbarg EM, Sasako M, van de Velde CJ. Surgical treatment of gastric cancer: 15-year follow-up results of the randomised nationwide Dutch D1D2