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Multivisceral resection for advanced gastric cancer: Case report

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In regard of permanent discussion about necessity and possibility of multi visceral resections in advanced malignancy, we present a clinical case Multi visceral resection total gastrectomy, pancreaticoduodenal resection and the extended right colectomy. A woman 39 years was examined about the violation of gastric emptying and symptoms of gastric bleeding, appeared 2 months prior to treatment. After the examination stomach cancer (poorly differentiated adenocarcinoma, antrum, body and Borrmann III) with the spread to duodenum, invasion of pancreatic head, with involvement of perigastral lymph node without distant metastases was diagnosed. At intraoperative examination circular tumor of stomach with involvement of antrum, body, subcardia, spreading to proximal part of duodenum and Invasion of pancreatic head, right flexure of the colon, right Para colon and mesocolon with middle colic vessels, metastatic lesion of lymph node in groups 3, 4d-7, 15 were detected (cT4N1M0, fT4N2M0 (R0)). Total gastrectomy, pancreatoduodenectomy, extended right colectomy with regional lymphadenectomy D2-3 (lymph nodes of groups 1-13, 14v, 15, 16b1 were removed) were performed. Reconstructive phase of surgery included the formation of nutritional and biliopancreatic loops of the small intestine by Y-en-Roux. In time of the alimentary loop formation esophagoenterostomy and Iliodendostomy were performed. In the biliopancreatic loop have been performed invaginated pancreaticoenterostomy and hepaticoenterostomy. Surgery was completed insertion of transnasal feeding tube in the alimentary loop and four drainages in the abdominal cavity. Postoperative period has been executed according to ERAS with enteral nutritional and physical activation at one day after surgery. There were no complications in the postoperative period. Final diagnosis was the patient was discharged on day 10 in a good condition for adjuvant chemotherapy (XELOX). Within 12 months of observation after 6 months of the adjuvant treatment no local or metastatic progression of tumor and no dyspeptic symptoms have been identified.

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