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Temporary Indwelling of Self-expandable Metal Stent may Obviate the Need of Staged Operation for Malignant Colonic Obstruction

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Purpose: Staged operation employing temporary entostomy is still the standard treatment of malignant obstruction (MCO). Expandable metal stent has been for the palliation of unresectable gastrointestinal. We applied this metal stent technique to the to achieve temporary alleviation of the obstruction the bowel preparation and one-stage operation were able. In this study we examined the efficacy of temporary indwelling of metal stent to obviate the need of operation in the treatment of MCO.

Methods: From December 1998 to January 2001, 35 MCO patients were treated. Patients had typical symptoms colonic obstruction such as abdominal pain and distention. When they were admitted, a self-expandable metal stent was introduced under the guide of flexible colonoscopy three days, formal bowel preparation (both chemical and mechanical) were followed. With regard to achieving bowel preparation, postoperative complications and hospital stay, these 35 patients were compared with control group (N=20) of patients who underwent two staged operations for MCO.

Results: The tumor locations were upper rectum (N=1), sigmoid colon (N=22) and left colon (N=3). Metal stent slipped off in one patient. Double contrast barium enema was possible in 34 patients. One stage operation was performed in all patients. Anastomotic complications were observed in both groups. Intraabdominal abscess requiring reoperation was noted in one patient in each group. Wound infection was noted in 3 (8.6%) stent patients whereas (80%) patients had wound complication in the control group (P<0.05). Mean hospital stay was 12.2 days in stent group and 29.4 days in control group (P<0.05).

Conclusions: Even though our series is limited in patient number, these data suggested that temporary indwelling of self-expandable metal stent may obviate the need of staged operation in the treatment of MCO. JKSCP 2001;17:91-96

Key Words: Malignant colonic obstruction, Stent, operation

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lesion)
(staged operation)
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10%
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(synchronous lesion)

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9,10

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2001 1

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(Fluoroscopy)

(Flexible colonoscopy)

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0.038- (guidewire,
Terumo, Tokyo, Japan)
10-Fr. (introducer) (Med-
itech/Boston Scientific, Watertown, Massachusetts, USA)
(Tae-
woong Medical Co. Ltd., Seoul, Korea)
(Fig.
1). 3

(open method) 000 Silk
(interrupted, double layer suture)
33-mm (Ethicon End-Surgery, Cincinnati, Ohio, USA)
1996 1998
2 20

Table 1. Demographic comparison between two groups

	Stent patients (N=35)	Control* (N=20)
Mean age	66.0	65.8
Sex ratio (M/F)	1.67	1.5
Location of obstruction		
Sigmoid colon	22	12
Upper rectum	10	8
Left colon	3	—

*Patients in control group underwent two-stage operations for malignant colonic obstruction. There was no statistical significance between two groups with regard to each parameters.

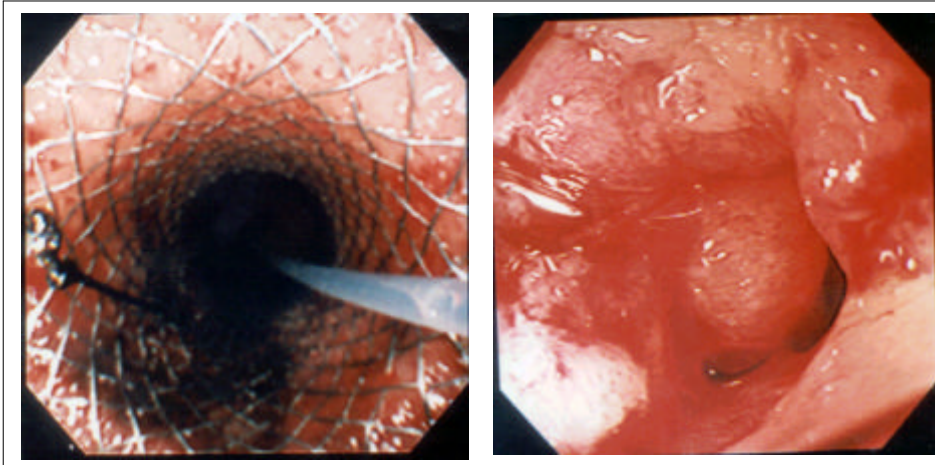


Fig. 1. Colonoscopic view of obstructed cancer (B). Self-expandable metal stent was successfully indwelled (A).

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(Table 1).
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가 34
5.2 (3 6)
34
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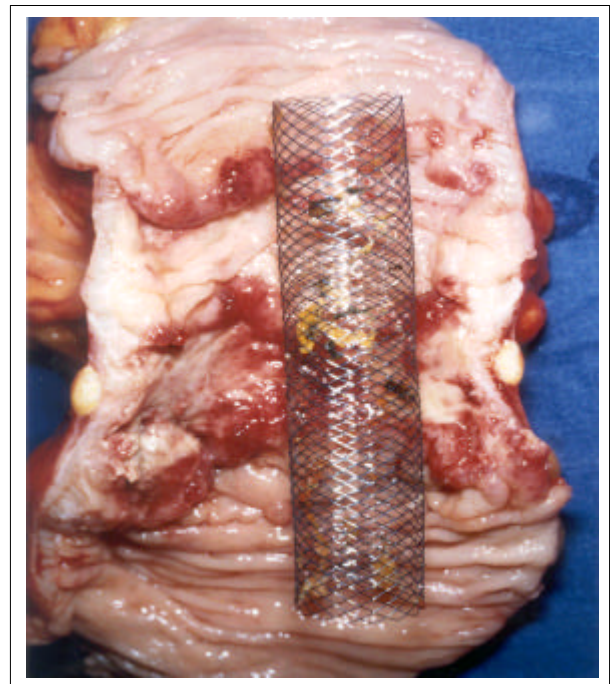


Fig. 2. Colon cancer specimen: Self-expandable metal stent was located adequately in obstructed segment.

(closed loop)가

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68 1

10% 7.8

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가- (cost-effectiveness)

가 가

가 65

가 1 가

가 80 2

가 100%

가 0.038 가

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가

가 13

가 14,15

가 34 (97%) 가

가 learning curve

가 X

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(staged operation)

가가 가

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