Surgical Treatment for Obstructing Carcinomas of the Left Colon and Rectum

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Purpose: There have been many different kinds of options for obstructing left colon (distal to splen cancer and rectal cancer because immediate resection anastomosis was known to cause many complications. performed this study to analyse operative cases and ate which procedure had the better result.

Methods: Thirty-six cases of left colon cancer an cancer with complete obstruction were analysed from 1990 to January 2001 and those cases were divided two groups, the group of staged procedure and the grof primary resection. 28 cases were curative operating a cases were palliative operations.

Results: The group of staged procedures had 17 cas curative operations with 1st. stage-colostomy an stage-cancer resection. And the group of primary res had 11 cases of curative operations, 6 cases of Hart procedures, 2 cases with intraoperative colonic lav resection and 3 cases with cancer resection, anast and proximal colostomy. There were no differences i distribution of age and cancer stage between two gr In both groups, the signoid colon was the most prev obstruction site. The staged procedure group had h operative nortality (25%) than the primary resection (8%). And 5-year survival rate of the primary res group was higher than that of the staged procedure g (45%: 33%), but there was no statistical significa Conclusions: We think that the primary resection better surgical procedure because of shorter hospi and fewer operations in the treatment of obstructi colon and rectal cancer. JKSCP 2001;17:148-152

Key Words: Left colon cancer, Obstruction, Primar section

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Table 1. Surgical procedures in 36 cases of left colonic obstructed carcinomas

	Number of cases
Primary resection	11
with Hartmann's procedure	6
with anastomosis and proximal colostomy	3
with intraoperative lavage and anastomosis	2
Staged procedure	17
Transverse loop colostomy	15
Sigmoid loop colostomy	2
Tumor resection in second stage	15
Palliative procedure	8
Definitive colostomy	6
Palliative resection	2

Table 2. Age distribution of obstructing colorectal cancer

	Primary resection (n=11)	Staged procedure (n=	17)
Age	No. (%)	No. (%)	
40 49	1	0	
50 59	2	2	
60 69	3	3	
70 79	2	8	
80+	3	4	
mean of age	67	73	p=0.27
SD	\pm 12.69	± 9.73	_

Table 3. Stage distribution of obstructing colorectal cancer (Astler-Coller classification)

	Primary resection (n=11)	Staged procedure (n=17)	
	No. (%)	No. (%)	
B1	2 (18)	2 (14)	
B2	6 (55)	6 (43)	
C1	0 (0)	1 (7)	
C2	3 (28)	5 (36)	
D	0	0	
Unknown	0	3	

Table 4. Site distribution of obstructing colorectal cancer

	Primary resection (n=11)	Staged procedure (n=17	
	No. (%)	No. (%)	
Splenic flexure	0	1 (6)	
Descending colon	2 (18)	3 (18)	
Sigmoid colon	8 (73)	9 (53)	
Rectum	1 (9)	4 (23)	

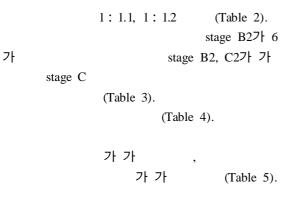
Table 5. Distribution of cell differentiation

	Primary resection (n=11)	Staged procedure (n=17)	
	No. (%)	No. (%)	
Well differentiated	4 (36)	10 (59)	
Moderately	7 (64)	4 (24)	
Poorly	0	0	
Unknown	0	3 (18)	

Table 6. Distribution of complication

	Primary resection	Staged procedure
Wound	3	3
Pulmonary	0	2
Sepsis	1	0
MOFS*	0	2
Others	0	4^{\dagger}
Total	4	11

^{* =} multiple organ failure syndrome; † = acute renal failure.





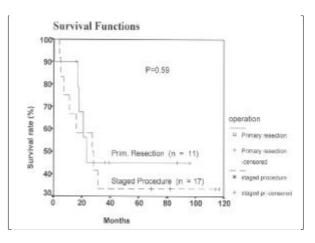


Fig. 1. Survival rates related to operation type.

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