



ORIGINAL ARTICLE

Reevaluation of Self-Expanding Metal Stents as a Bridge to Surgery for Acute Left-Sided Malignant Colonic Obstruction: Six Years Experience



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KEYWORDS

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Abstract

Introduction: Self-expanding metal stents (SEMS) as a bridge to surgery have been used as an alternative for acute malignant left-sided colonic obstruction. However, the benefits are uncertain. The European Society of Gastrointestinal Endoscopy no longer recommends their use in patients with low surgical risk because of the risk of tumor recurrence.

Methods: Patients admitted for acute malignant left-sided colonic obstruction who underwent SEMS as a bridge to elective surgery or urgent surgery were retrospectively evaluated. Post-operative morbidity/mortality, stent complications and survival were recorded. Our aim was to compare the outcome between preoperative SEMS and direct emergent surgery in acute left-sided malignant colonic obstruction.

Results: 42 patients were included (SEMS group: 27 and surgery group: 15). There were no differences between groups in relation to age, ASA classification and tumor stage. The technical success of SEMS was 88.9% and the clinical success was 85.2%. There were three SEMS related perforations. In the surgery group, the stoma rate was higher (86.7% vs 25.9%, $p < 0.001$) and there was a trend for a lower length of hospital stay (18.9 days vs 26.3 days, $p = 0.051$).

SEMS versus surgery group: There were no differences in the rate of temporary stoma (57.1% vs 61.5%, $p = 0.84$), definitive stoma (42.8% vs 38.5%, $p = 0.84$), success of primary anastomosis (86.7% vs 66.7%, $p = 0.22$) and Clavien–Dindo classification (\geq III: 36% vs 58.2% $p = 0.24$). Overall survival at 1/5 years was identical in the two groups 100%/56% in the SEMS group vs 93%/43% in the surgery group, $p = 0.14$, as well as tumor recurrence at 3/5 years (24%/50% vs 20%/36% respectively, $p = 0.68$).

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Conclusions: SEMS are associated with a lower overall stoma rate and a higher primary anastomosis rate. However, there are no differences in complications, overall survival and recurrence between the groups.

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PALAVRAS-CHAVE

Neoplasias do Colon;
Obstrução Intestinal;
Stents

Avaliação das Próteses Metálicas Auto-Expansíveis Como Ponte Para Cirurgia nas Neoplasias Oclusivas do Cólon Esquerdo: Experiência de 6 Anos

Resumo

Introdução: As próteses metálicas auto-expansíveis (PMAE) como ponte para cirurgia são uma alternativa à cirurgia urgente nas neoplasias estenosantes do colon esquerdo. No entanto, os benefícios são controversos. A Sociedade Europeia de Endoscopia não as recomenda como ponte para cirurgia desde 2014, em doentes de baixo risco cirúrgico, pelo possível aumento de recidiva neoplásica.

Métodos: Avaliação retrospectiva dos doentes com neoplasia oclusiva do colon esquerdo candidatos a tratamento curativo, que colocaram PMAE como ponte para cirurgia ou que foram submetidos diretamente a tratamento cirúrgico urgente. Avaliada a morbidade e mortalidade pós-operatória, complicações relacionadas com as PMAE e sobrevivência. O nosso objetivo foi comparar os resultados das PMAE como ponte para cirurgia com o tratamento cirúrgico urgente nas neoplasias oclusivas do colon esquerdo.

Resultados: Avaliados 42 doentes (grupo submetido a PMAE: 27; grupo submetido a cirurgia: 15). Não existem diferenças entre os dois grupos no que diz respeito à idade classificação ASA e o estadio da neoplasia. O sucesso técnico das PMAE foi de 88,9% e o sucesso clínico da prótese foi de 85,2%. Ocorreram 3 perfurações após colocação das PMAE.

No grupo submetido a cirurgia, a realização de estoma foi superior (86,7% vs 25,9%), $p < 0,001$, e verificou-se um menor número de dias de internamento hospitalar total, embora sem resultado estatisticamente significativo (18,9 vs 26,3 dias, $p = 0,051$).

PMAE versus cirurgia: não existem diferenças no que diz respeito à constituição de estomas provisórios (57,1% vs 61,5%, $p = 0,84$), estomas definitivos (42,8% vs 38,5%, $p = 0,84$), sucesso de anastomose primária (86,7% vs 66,7%, $p = 0,22$) e classificação de Clavien-Dindo (\geq III: 36% vs 58,2% $p = 0,24$). A sobrevida aos 1 e 5 anos foi semelhante nos dois grupos (PMAE 1-5 anos vs cirurgia 1-5 anos: 100%-56% vs 93%-43%, $p = 0,14$), bem com a recidiva aos 3 e 5 anos (PMAE 3-5 anos vs cirurgia 3-5 anos 24%-50% vs 20%-36%, $p = 0,68$).

Conclusões: A realização de estoma foi superior nos doentes submetidos a tratamento cirúrgico, no entanto, não há diferenças entre os dois grupos relativamente às complicações pós-cirúrgicas, sucesso de anastomose primária, recidiva e mortalidade.

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1. Introduction

Left-sided colon cancer can present with obstruction in 8% to 26% of cases.^{1,2} Large bowel obstruction results in massive colonic distension, bacterial translocation, electrolyte and fluid imbalance, and an increased risk of colonic necrosis and perforation.³ In this situation, urgent colonic decompression is necessary, either through surgery or by SEMS.

The general consensus for treatment of acute right-sided colonic obstruction is resection and primary anastomosis; SEMS placement is recommended as the preferred treatment for palliation of malignant colonic obstruction, except in patients treated or considered for treatment with antiangiogenic drugs.⁴ However, for patients with obstructive

nonpalliative left-sided colonic cancer, the management remains controversial. In the last decade many studies have been published, including randomized controlled trials (RCTs) and systematic reviews, with conflicting results.

Some RCT showed that SEMS as a bridge to surgery with curative intent may be safer, with a trend toward lower stoma rate, post-surgical complications and mortality when compared with urgent surgery.^{5,6} However, another study failed to demonstrate that urgent preoperative SEMS could significantly decrease the need for stoma placement, with 53.3% of SEMS technical failure.⁷ The elevated rate of perforations lead to the premature closure of this study.⁷ A meta-analysis that included four RCT showed that SEMS are associated with a high incidence of clinical and silent

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