

# Malignant Bowel Obstruction in Advanced Cancer



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## KEYWORDS

- Malignant bowel obstruction • Small bowel obstruction • Advanced cancer
- Prognosis • Palliative surgery • Total parenteral nutrition

## HOSPITAL MEDICINE CLINICS CHECKLIST

1. Malignant bowel obstruction (MBO) is a bowel obstruction distal to the ligament of Treitz in a patient with an intra-abdominal primary cancer with incurable disease or a non-intra-abdominal primary cancer with clear intraperitoneal disease.
2. Patients with advanced ovarian or colorectal cancers have the highest prevalence of MBO.
3. Presenting symptoms may include nausea, vomiting, abdominal pain, or obstipation, whereas the most common physical examination finding is abdominal distention.
4. Laboratory tests should focus on monitoring the metabolic and electrolyte derangements that occur.
5. Computed tomography scan is the current standard for radiographic diagnosis.
6. Prognosis in MBO is generally poor, with median survival depending highly on performance status.
7. There is no consensus regarding the optimal treatment strategy and no evidence supports palliative surgery rather than medical management for improving quality of life or prolonging survival.

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8. The mainstays of pharmacologic treatment of inoperable MBO involve opiate analgesia, antiemetics, steroids, antisecretory medications, and intravenous hydration for palliative relief of symptoms.
9. Self-expanding metallic stents or percutaneous endoscopic gastrostomy may be palliative options for patients unable to undergo surgery.
10. Total parenteral nutrition should be discouraged in patients with end-stage disease but may be justified in a select group of patients.

**DEFINITION**

*What is the definition of malignant bowel obstruction (MBO)?*

MBO was defined by the International Conference on Malignant Bowel Obstruction in 2007 as a condition that fits the following criteria<sup>1</sup>:

- Clinical evidence of a bowel obstruction obtained via history, physical examination, or radiography
- Bowel obstruction distal to the ligament of Treitz
- Either an intra-abdominal primary cancer with incurable disease or a non-intra-abdominal primary cancer with clear intraperitoneal disease

**EPIDEMIOLOGY**

*What is the prevalence of MBO in advanced cancer?*

The prevalence of MBO in advanced cancer is shown in [Table 1](#).

**PATHOPHYSIOLOGY**

*What is the mechanism of bowel obstruction?*

- I. Partial or complete bowel blockage
  - Mechanical occlusion:
    - Intraluminal – tumor within the bowel
    - Extraluminal: primary tumor or metastases, adhesion, mesenteric and/or omental tumor, postirradiation fibrosis

**Table 1**  
**Prevalence of MBO in various cancer types**

Cancer Type	Prevalence (%)
Ovarian	20–50
Colorectal	10–28
Stomach	6–19
Pancreas	6–13
Bladder	3–10
Extra-abdominal cancers (most often breast and melanoma)	2–3

Data from Refs.<sup>1–4</sup>

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