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Original Article

Results of surgical treatment of colorectal cancer in nonagenarian patients

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ABSTRACT

Purpose: The objective of the present study was to compare the results of surgical treatment of nonagenarian patients having colorectal cancer with patients younger than 90 years.

Methods: A total of 622 patients who underwent curative surgery were included in the present study. The database of the surgical service, in the period from 2007 to 2013, was used to obtain the sample. This is a descriptive, retrospective study that compared the profiles of 17 nonagenarian patients (Group I) with 605 patients younger than 90 years (Group II). The groups were compared regarding surgical complications, length of hospital stay, type of surgery performed and ASA classification.

Results: The mean age between the groups was 92.2 years and 61.2 years. The mean length of hospital stay in Groups I and II was 17.3 days and 8.75 days, respectively. The surgery performed most frequently was the right colectomy, in both groups. The most common postoperative complication was sepsis (11.8%) among the nonagenarians, and paralytic ileus (4.5%) among those younger than 90 years. Laparoscopic surgery was performed on 5 out of a total of 17 patients evaluated in Group I. Among the three mortalities registered in this latter group, two were classified as ASA III and only one as ASA I.

Conclusion: The results indicate that colorectal surgery may be performed in this group, with acceptable morbidity and mortality rates, in patients with low preoperative risk (ASA I/II).

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Resultados do tratamento cirúrgico do câncer colorretal em pacientes nonagenários

RESUMO

Finalidade: O objetivo do presente estudo foi comparar os resultados do tratamento cirúrgico de pacientes nonagenários portadores de câncer colorretal versus pacientes com menos de 90 anos.

Palavras-chave:

Câncer colorretal

Cirurgia

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25 Nonagenário
26 Morbidade
27 Mortalidade

Métodos: O estudo envolveu 622 pacientes que foram submetidos à cirurgia curativa. Para obtenção da amostra, utilizamos o banco de dados do serviço de cirurgia, abrangendo o período de 2007-2013. Este é um estudo retrospectivo descritivo que comparou os perfis de 17 pacientes nonagenários (Grupo I) versus 605 pacientes com menos de 90 anos (Grupo II). Os grupos foram comparados para complicações cirúrgicas, duração da permanência no hospital, tipo de cirurgia realizada e classificação ASA.

Resultados: A média de idade para os Grupos I e II foi, respectivamente, 92,2 e 61,2 anos. A duração média de permanência no hospital nos Grupos I e II foi, respectivamente, 17,3 dias e 8,75 dias. A cirurgia mais frequentemente realizada foi colectomia direita, nos dois grupos. A complicação pós-operatória mais comum foi sepse (11,8%) entre os nonagenários, e íleo paralítico (4.5%) entre os pacientes com menos de 90 anos. Cirurgia laparoscópica foi realizada em 5 pacientes, em um total de 17 pacientes avaliados no Grupo I. Considerando as três mortalidades registradas nesse último grupo, duas foram classificadas como ASA III e apenas uma como ASA I.

Conclusão: Os resultados obtidos indicam que, nesse grupo, a cirurgia colorretal é opção válida, com percentuais aceitáveis de morbidade e mortalidade, em pacientes com baixo risco pré-operatório (ASA I/II).

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Introduction

Colorectal cancer (CRC) is more prevalent in people aged 65 or more and its incidence increases with age. Considering the increase in life expectancy of the population, according to data provided by the World Health Organization, the diagnosis of CRC in the elderly has increased concomitantly. A lower physiological reserve to address homeostasis imbalances, whether in cardiovascular, metabolic or respiratory areas, associated with a much greater coexistence of comorbidities, makes this age group more subject to complications. Thus, the benefit of surgery and anesthesia must be carefully evaluated, as well as the prognosis and survival rates. Cancer in this elderly population is an ethical dilemma for surgeons and oncologists regarding the decision about the aggressiveness of the treatment, balancing the benefit of surgery and the increase of associated risks, in an age group with short expectancy of survival.¹

There are few available studies on the postoperative results of surgical treatment of colorectal cancer in patients over 90 years or more, both of the laparoscopic and the conventional procedures.²

In general, the randomized trials, in the medical literature, have shown that laparoscopic colorectal resection for cancer had survival and recurrence rates similar to those shown in open resection surgery, but with a reduction in hospital stay, postoperative pain and morbidity.³

The objective of the present study was to compare the results of surgical treatment in nonagenarian patients with colorectal cancer, with patients of less than 90 years. The little evidence available in the literature on the subject, associated with the fact that there is a predominance of articles with small samples, confirms the relevance of this study.

Materials and methods

This is a retrospective and descriptive study, with 622 patients with colorectal cancer, undergoing curative surgery in the period from 2007 to 2013. The service database was used to obtain the sample which compared the profile of 17 nonagenarian patients (Group I) with 605 patients less than 90 years of age (Group II). The groups were analyzed as to the occurrence of postoperative complications, length of hospital stay, the type of surgery performed and the ASA classification. The Clavien-Dindo classification was also used to categorize complications that occurred.

Those without indication for emergency surgery, with no history of recurrent colorectal cancer, with no fixed, palpable mass and without involvement of adjacent structures were considered suitable for the laparoscopic approach. All surgeons involved had performed 20 or more colorectal laparoscopic surgeries and had the necessary knowledge regarding the principles of cancer surgery.

Statistical analysis was performed using Stata (version 9.1) and SPSS (version 20.0). The level of significance was 0.05. The statistical tests used were the asymptotic Pearson Chi-square, to compare gender between the groups, and the tests of proportions for postoperative complications and types of surgical techniques. The Mann-Whitney test was used to compare length of hospital stay, and the exact Pearson Chi-square test was used to compare ASA.

Results

The sex distribution was similar between the groups (Table 1). The average age in Group I was 92.2, ranging from 90 to 96, and in Group II was 62.1 years since, in the latter group,

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