THE COMBINED OPERATION THE CANCER OF THE RECTUM WITH GERMINATION IN GENITAL ORGANS

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ABSTRACT

The Purpose of the study: define the indications and contraindications to, combined operation in locally invasive tumor of the rectum.

The Material and methods of the study: we have analysed results combined operation in cancer of the rectum with germination in genital organs, performed in department of coloproctology in National Oncological Scientific centre during 2005-2009 years.

Under observation were 118 women at age from 21 to 68 years. This before 45 years - 26 patients, from 46 to 59 years - 54 patients, 60 and above years.

The Results and their discussion: Postoperative complications suppurative-inflammatory character appeared beside 36 patients (30,5%), most of all after abdomeno - perineal extirpation of rectum (35,5%) and abdominoanal resection of the rectum (33,3%). In lesser extend after front resection of the rectum and after operation Hartman (28,5% and 22,7%).

The General lethality has formed 3,4%, have died after combined operation 4 patients from 118 operated patients.

The Conclusion: thereby, brought data evident that such important factors, as frequency of the origin relapse (28%), 5-year probability of survival (37,1%), under combined interference and operation of the standard volume in the cancer of the rectum practically the same.

UDC Code & KEYWORDS

■ 616-006 ■ COLORECTAL CANCER ■ EXTENDED OPERATIONS ■ COMBINED OPERATIONS ■

INTRODUCTION

In spite of reached last-years successes, leading role in reason of death-rate from oncological diseases as before belongs to the tumor of digestion organs. At specific position of the cancer of the stomach in the common structure oncological diseases for the last 25 years decreased twice, and has occurred redistribution in structure by death-rate of the population due to increasing specific position of the cancer of lungs, colorectal cancer and cancer of the uterine (2,4,5,9,11,16,18).

Colorectal cancer spreads directly surrounding organs and structures. In general, germination of the cancer of the rectum to nearby organs, in particular, to genital organs, characterizes as III or IV stage tumorous process; by system TNM, this stage T4 and R4 - etc. tumor infiltrate serous cover and escapes from its limits.

The Situation, when neoplasms escaped not only intestinal wall, but also perienteric fat and extended to neighboring organs, or on pelvic peritoneum, perivesical cellulose and etc. accepted to name locally invasive cancer of the rectum. More broadly notion locally invasive cancer of the rectum can comprise of itself following determination: fixed or bounded fixed tumor, circular covering all walls of the intestines, extent 5 cm, narrowing lumen of the intestine with

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involvement of tumorous process nearby organs and tissues and possible formation of fistula or suppurative cavities and not having remote metastasis.

Output of tumors for limits of the rectum more often occurs in that part, which not cover peritoneum. That's why in women most often affected vagina, but in rectosigmoid part and adnexa uteri, beside men - a prostate gland and urinary bladder.

Existing methods of the study, including USD and KT though and noticeably increase the possibility of the determination of the sizes and prevalence of neoplasm, but not always allow to get the presentation about degree of involvement of tumorous process nearby organ. Sometimes, determining that occasionally can be impossible even during operation and only histological analysis of the extracted preparation allows to give the final conclusion. This is connected with the number of cases adhesion turns out only developing perifocal inflammatory process without true tumorous invasion nearby structures. By data V.D.Fedorova (1987) in 50% observations microscopic study has not confirmed true ingrowing tumors to nearby structures. Such data confirm that fact that by palpation and visual differentiate true ingrowing tumors to nearby structures from adhesion, conditioned perifocal inflammation with development commissural process impossible. So single way to prevent the wrong refusal of radical operation that turning the process to nearby structures - an expansion of indication to combined operation. The Attempt of separation of the intestine in zone of the adhesive dangerous, and failure ablastics.

Above stated data justify the indication to extended, combined operation under locally invasive tumor of the rectum.

THE MATERIAL AND METHODS OF THE STUDY

We have analysed results combined operation in cancer of the rectum with germination in genital organs, performed in department of coloproctology in National Oncological Scientific centre during 2005-2009 years.

Under observation were 118 women at age from 21 to 68 years. This before 45 years - 26 patients, from 46 to 59 years - 54 patients, 60 and above years.

The Operations were performed in patients all age groups, however frequency of them decreased by age and beside patients over 60 years lower than youngs. The Restriction of the indications for extensive operative interference beside elderly patients is conditionally presence big amount of the concomitant diseases, increased operating risk.

The Combined operations were performed irrespective of localizations of the tumors in rectum. The Tumor in rectosigmoid part was observed beside 12 patients, in upper ampullar part beside 17 patients, in middle ampullar part beside 32 patients, in low ampullar part beside 45 patients, in anal canal beside 12 patients.

The Character operation on rectum under combined surgical interference was following: abdomeno - perineal extirpation

of rectum with installing fistula was performed beside 57 patients (48,3%), abdominoanal resection of the rectum beside 22 patients (18,6%), anterior resection rectum beside 12 patients (10,2%), operation Hartman is performed 27 patients (22,9%). Most often under combined operative interference were performed resections vagina - beside 58 patients, amputation or extirpation uterines - beside 43 patients, removing adnexa uteri - beside 31 patients. Follows to note that beside 14 patients from these patient resected or deleted more than one organ.

Postoperative complications suppurative-inflammatory character appeared beside 36 patients (30,5%), most of all after abdomeno - perineal extirpation of rectum (35,5%) and abdominoanal resection of the rectum (33,3%). In lesser extend after front resection of the rectum and after operation Hartman (28,5% and 22,7%).

The General lethality has formed 3,4%, have died after combined operation 4 patients from 118 operated patients.

The Frequency of the appearance relapse after combined operation on cause of the cancer of the rectum has formed 28%.

Average length without recurrent of the period has formed 14 months. 5-year probability of survival after combined operation under locally invasive cancer of the rectum in our observations has formed 37,1%.

THE CONCLUSION

Thereby, brought data evident that such important factors, as frequency of the origin relapse (28%), 5-year probability of survival (37,1%), under combined interference and operation of the standard volume in the cancer of the rectum practically the same.

Considering that true germination to tumors in nearby structures quite often possible to install only after histological analysis removed macro-preparation and that combined surgical interference at present practically do not worsen the direct results of the treatment (on count;calculate;list postoperative complications and lethality from them), that practicability of their performing by our glance does not cause the doubts.

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