

**11<sup>th</sup> WORLD HEMATOLOGY AND ONCOLOGY CONGRESS**

&

**47<sup>th</sup> WORLD CONGRESS ON NURSING CARE**

July 24-25, 2019 | Rome, Italy

**Surgical treatment of patients with locally advanced colon tumors complicated by necrosis**

**Lukyanuk P P<sup>1</sup>, Surov D A<sup>1</sup>, Soloviev I A<sup>1</sup>, Sizonenko N A<sup>1</sup>, Svyatnenko A V<sup>1,2</sup>, Bezmozgin B G<sup>1</sup>, Osipov A V<sup>1,2</sup>, Tiagun V S<sup>1</sup>**

<sup>1</sup>S. M. Kirov Military medical Academy, Russia

<sup>2</sup>Saint Petersburg I. I. Dzhanelidze research Institute of emergency medicine, Russia

**S**urgical treatment of patients with complicated locally advanced colon tumors is one of topical issues of modern surgery. Poor immediate results, as well as an insufficient level of radicalism of combined surgical interventions, account for an unfavorable long-term prognosis in these patients.

A comparative analysis of the surgical treatment results of patients with locally advanced colon tumors complicated by necrosis was carried out. In the control group of patients (n = 45), traditional perioperative tactics and standard operating procedures were used. Preoperative intervention planning and embryologically-based operative surgery were used in the main group (n = 31). The control and main groups were comparable in terms of major demographic indicators and characteristics of tumor necrosis clinical manifestations. The comparison criteria for the control and main groups were the surgery duration, the intraoperative blood loss volume, the number of removed lymph nodes, the frequency of R0 resections, postoperative complications and mortality.

The average surgery duration in the control group was 250.4 minutes and 226.5 minutes in the main group. At the same time, the average blood loss in the control group was 789.3 ml and 643.3 ml in the main group. The results showed the decrease in the traumatic effect of surgical interventions in patients of the main group, which may be attributed to the use of preoperative planning of operational techniques based on the principles of the removed organocomplex mobilization in the plane of the embryological layers. The application of this approach has significantly increased the degree of oncological radicalism of surgical interventions. The average number of removed lymph nodes was  $10.83 \pm 3.09$  in the control group and  $17.12 \pm 3.42$  in the main group. At the same time, the frequency of R0 resections in the main group was increased to 87% (n = 27), compared to the control group, where this indicator was 57.8% (n = 26).

The incidence of postoperative complications in the control group was 40% and 25.8% in the main group. The incidence of complications directly depended on the number of organs involved in the neoplastic process and reached 66.7% with the involvement of four or more organs. In the structure of complications pneumonia, postoperative wound infection and eventration were prevalent in patients of both groups.

Postoperative mortality in the control group was 24.4%, while in the main group this indicator has been reduced up to 12.9%. The causes of deaths in the control and main groups were severe sepsis (63.6% and 25%, respectively) and pulmonary artery thromboembolism (36.4.8% and 75%, respectively).

Careful preoperative planning of combined surgery, based on a detailed analysis of diagnostic results in patients with locally advanced colon tumors complicated by necrosis, as well as the application of embryologically-based operative surgery into surgical practice allows not only to minimize the traumatic effect of multi-visceral resections, to reduce the incidence of postoperative complications and mortality, but significantly increase their radicalism, creating the conditions necessary for effective adjuvant therapy and, as a consequence, improve the long-term results of the treatment of this category of patients.

petr40vmi@mail.ru