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# TABLE OF CONTENTS

## AGRICULTURAL SCIENCES



## MEDICAL SCIENCES



## TECHNICAL SCIENCES

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# PROBLEMS OF STAGING OF COMPLICATED FORMS OF COLON CANCER

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**Abstract.** Operations for complicated forms of colon cancer occupy a leading place in the structure of emergency surgical interventions. We analyzed the data of 71 (100 %) patients treated in the surgical department for complicated forms of colorectal cancer. In 44 (61.97 %) patients, moderately differentiated adenocarcinoma of the colon was detected, in 25 (35.21 %) - low-differentiated, and in 2 (2.82 %) - highly differentiated. In the case of surgical interventions for complicated forms of colon cancer, minimal volume lymphadissection (D1) was performed in 54 (76.06 %) patients, without lymph node removal - in 17 (23.94 %) patients, which does not allow to assess the real picture of metastatic lesions of regional lymph nodes and to set the correct TNM stage. In the structure of oncopathology staging, in 12 (16.90%) patients the stage of cancer was determined only by the criterion of the degree of invasion (T), in another 5 (7.04%) - only by the data of instrumental examination and intraoperative revision (clinically), which in turn affects the prognosis of recurrence and survival of the patient, and the tactics of postoperative treatment.

**Key words:** colon, cancer, complications, morphology, pathologic examination, staging.

## Introduction.

Surgical interventions for complicated forms of malignant neoplasm of the

colon occupy a leading place in the structure of urgent surgical interventions.

**Objective.**

To analyze the results of surgical treatment and pathological examination of patients with complicated forms of colorectal cancer.

**Materials and methods of the study.**

We conducted a retrospective analysis of data from 71 (100 %) patients who were treated at the surgical department from 2018 to 2019 for complicated forms of colorectal cancer. The study group included 35 (49.29 %) women and 36 (50.71 %) men, with an average age of 67.97 ± 12.71 years.

According to the results of diagnostics and surgical intervention, 49 (69.01 %) patients were diagnosed with a colon tumor with acute intestinal obstruction, 13 (18.31 %) patients were diagnosed with tumor perforation, and 3 (4.23 %) patients had acute intestinal bleeding, 4 (5.63 %) patients had a combination of acute intestinal obstruction and perforation of the colon tumor, and 2 (2.82 %) had intestinal obstruction with bleeding.

The tumor of the cecum was diagnosed in 8 (11.27 %) patients, the ascending colon - in 8 (11.27 %), the hepatic flexure - in 5 (7.04 %) patients, the transverse colon - in 2 (2.82 %), splenic flexure - in 1 (1.41%) patient, descending colon - in 8 (11.27 %), sigmoid - in 30 (42.25 %) hospitalized patients, rectosigmoid - in 9 (12.68 %).

**Results.**

Primary radical surgical interventions prevailed in the structure of surgical interventions - 48 (67.61 %). Right-sided hemicolectomy was performed in 17 (35.42 %), 23 (47.92 %) - resection of the left colon with a tumor, 8 (16.66 %) - left-sided hemicolectomy. In 40 (83.33 %) patients, D1 lymphadissection was performed, 8 (16.67 %) patients had the tumor removed without lymphadissection.

Palliative surgeries were performed in 18 (25.35 %) of the hospitalized patients: in 4 (22.22 %) underwent right-sided hemicolectomy, 11 (61.11 %) - resection of the left colon, and 3 (16.66 %) - left-sided hemicolectomy. D1 lymphadenectomy was performed in 14 (77.78 %) patients, without

lymphadenectomy there were 4 (22.22 %) patients did not undergo lymphadissection.

Symptomatic surgeries were performed in 5 (7.04 %) patients: 3 (60.00 %) patients underwent cecostomy, 2 (40.00 %) - bypass small-bowel anastomoses.

According to the results of the analysis of pathomorphological studies of the specimens, in 44 (61.97 %) patients were diagnosed with moderately differentiated adenocarcinoma of the large intestine, 25 (35.21 %) - low-differentiated, and 2 (2.82 %) - highly differentiated tumor.

The results of the analysis revealed that most patients with complicated forms of colorectal cancer have a malignant tumor at stages III – IV - 56 (78.87 %) patients.

**Conclusions.**

1. Lymphadissection in a minimal volume (D1) was performed in 54 (76.06 %) patients, 17 (23.94 %) patients were operated without lymph node removal, which does not allow to assess the real picture of metastatic lesions of regional lymph nodes and to set the correct pN stage according to TNM.

2. In 12 (16.90 %) patients, the stage of cancer was set only by the criterion of the degree of invasion (T), in another 5 (7.04 %) - only by the data of instrumental examination and intraoperative revision (clinically), which in turn affects the prognosis for recurrence and survival of the patient, and the tactics of postoperative treatment.