

CÁNCER GASTRO INTESTINAL

[Carcinoid tumors of the rectum: clinical - pathological correlation].

Sánchez Lihón J.

Rev Gastroenterol Peru. 2009 Apr-Jun;29(2):140-6.

Abstract

OBJECTIVE: The purpose of this study was to determine the clinico-pathologic correlation of carcinoid tumors of the rectum. **MATERIALS AND METHODS:** We reviewed the medical records and pathology of 20 patients with carcinoid tumors of the rectum seen at the Instituto de Enfermedades Neoplásicas (INEN), between 1980 and 2006. **RESULTS:** There was no difference between sex. 11 patients had tumors over 2 cm. 12 had metastasis. 8 patients without metastasis had, tumors size of less than 2 cm. 6 patients had endoscopic resection, the tumors were often polypoid, the size less than 2 cm and with typical histopathologic. 7 cases had atypical histopathologic from them 2 patients dead, all had metastasis and tumor sizes were 3 to 6 cm. **CONCLUSIONS:** The tumor size, the atypical histopathologic features, the infiltration of the wall and metastasis are associated with aggressive behavior and bad prognosis.

[Surgical outcome of 801 patients with localized gastric cancer treated with d2 lymphadenectomy].

Ruiz E, Sanchez J, Celis J, Payet E, Berrospi F, Chavez I, Young F.

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Abstract

BACKGROUND: D2 gastrectomy has been regarded as an inconvenient procedure with high morbidity and no survival benefit in the West. Recent studies, however, have shown low mortality and a survival benefit of D2 gastrectomy. In the Instituto de Enfermedades Neoplásicas (INEN) of Lima Peru D2 gastrectomy is performed since 1990 after training of some of the authors in the NCC of Tokyo Japan. Distal Pancreatectomy was performed only if the pancreas was involved. The aim of this study was to evaluate the peri operative mortality and survival in a group of patients who had a standard D2 lymphadenectomy according to the rules of the Japanese Research Society for Gastric Cancer. Data were collected prospectively, and patients were followed for more than 7 years. **METHODS:** Between 1990 and 1999, 938 patients with localized gastric cancer were registered at INEN. Of these, 801 patients underwent curative resection with extended lymphadenectomy (D2). Postoperative morbidity/mortality, type of gastrectomy, mean of lymph nodes removed, pTNM stages and Survival Time and were analyzed. **RESULTS:** Sub total distal gastrectomy was performed in 511 patients and total gastrectomy in 290 patients. The mean number of lymph nodes removed was 46.48 per patient (54.91 nodes for total and 41.69 for sub total distal gastrectomy). Hospital mortality was 2.9%. 11% were Stage (TNM) IA, 9.4% stage IB, 19% stage II, 24.6% stage IIIA, 13.1% stage IIIB and 23% stage IV. Five-year actuarial survival was 47.5%. Five-year survival of patients with TNM stages IA, IB, II, IIIA, IIIB and IV were 85.8%, 79.4%, 60%, 46.7% 33% and 14.3% respectively. **CONCLUSIONS:** Gastrectomy with D2 lymphadenectomy may be performed with low morbidity and mortality if the operation is performed in specialized centers with a strict quality control system, and without removing the pancreas during total gastrectomy unless it is suspected to be involved. This procedure could provide a good probability of long-term survival, even for patients with invaded regional lymph nodes.