

## ACTUAL PROBLEM SURGICAL TACTICS IN PATIENTS WITH ACUTE COMPLICATIONS GASTRIC CANCER

**Background:** Acute complications of gastric cancer (ACGC) is actual problem of abdominal emergency surgery, surgery tactics continue to discuss because of poor outcomes.

**Aim:** Presentation of surgical tactics at the patients with ACGC.

**Methods:** At Kyiv Center gastrointestinal bleeding from 2011 to 2018 years urgently were hospitalized 244 pts with ACGC: acute bleeding (ABGC) -198(81,1%), perforation (PGC) - 9(3,9%) and decompensated stenosis (DSGC) - 37(15,2%). All patients had undergoing complex investigations. Analysis was done of results surgery tactics.

**Results:** The average age was  $61.5 \pm 13.1$  years. Unfortunately, at 124(50,8%) pts GC was diagnosed after hospitalization and at 120(49,2%) it was known. On the base our investigations GC I stage had - 6(2,4%), II - 18(7,4%), III - 89(36,5%), IV - 131(53,7%). In group ABGC severity blood loss was mild - 99(50%), moderate - 41(20,7%), severe - 53(26,8%), hemorrhagic shock - 5(2,5%). On emergency endoscopy the activity bleeding was verified as FI - 14(7,1%), FII - 134(67,7%), FIII - 50(25,2%). The severity of bleeding and endoscopic stigmata activity bleeding depended upon localization and morphological characteristics GC. Endoscopic coagulation methods for hemostasis (ECMH) were effective in 85.7% and short-term in 14.3% at cases of stigmata F1. Such ECMH were used and useful for stabilization of hemostasis and prophylactics of recurrent bleeding (RB) for stigmata FII. Based on the elaborated criteria we proposed algorithm of surgical tactics. Different operations were performed at 119(60,1%): standard radical - 95(79,8%), died - 6(6,3%), non-radical - 24(20,2%), died - 5(20,8%). Urgently, because of RB, were operated - 8(6,7%), died - 3(37,5%), in early delayed period - 111(93,3%), died - 8(7,2%). Radical operation was possible at 95(79,8%), died - 6(6,3%), non-radical - 24(20,2%) died - 5(20,8%). Postoperative mortality - 11(9,2%). Conservative symptomatic therapy with repeated ECMH for stabilization hemostasis received 79(39,9%) patients (refused - 25(31,6%), late oncology stage - 54(68,4%)), died - 20(25,3%). Patients on PGC were operated radically - 3(33,3%), non-radical - 6(66,7%); died - 1(11,1%). After preparation of patients on DSGC radical procedures were performed at 23 (62.2%), non-radical - 14 (37.8%); died - 1(2,7%).

**Discussion:** Surgical tactics in ACGC depends on the characteristics of malignancy, kind of complications.