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Title: Evaluate of efficiency endoscopic techniques in preoperative colon decompression for malignant colon obstruction.

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Topic: emergency abdominal surgery

Background and Aim:

Up to 15% of patients with colorectal cancer seek treatment with symptoms of large bowel obstruction. Emergency surgery is associated with a high rate of complications and mortality. Currently, colon decompression with using self-expandable metallic stents (SEMS) and trans anal decompression tubes (TDT) is an alternative to traditional surgery. Minimally invasive techniques have advantages and disadvantages. The aim of our study was to compare short-term and long-term results of using various endoscopic methods of decompression as a bridge to surgery.

Methods:

We analyzed data of 76 patients (42 in stent group and 34 – in decompression tube group) who hospitalized in our clinics with symptoms of malignant colonic obstruction between December 2012 and February 2019. Groups were comparable in terms of baseline characteristics of patients

Results:

Technical success were in 97, 6% cases in SEMS group and 88,2% cases in TDT group ($p=0,1205$ Fisher test). Clinical efficacy was significantly higher in the stenting group ($p = 0,045$ Mann–Whitney U-test). Complications were diagnosed in 9,8% patients in SEMS group and in 20% patients in TDT group ($p=0,1890$, Fisher test). Primary anastomosis rate was 90,2% and 46,7%, failure of the anastomosis was 2,7% and 7,1% respectively ($p=0,0001$, Fisher test). Total duration of inpatient treatment (median) in the SEMS group was 14 (10-28) days and 27 (13-44) days in TDT ($p=0,061$, Mann-Whitney test). In long term outcomes metastatic lesion was diagnosed in 14,6% patients in stenting group and in 10% patients in the decompression tubes group ($p=0,4196$, Fisher test). Total 1 year survival was 89,0% and 83,3% ($p = 0.423$), 3-year survival was 69,4% and 63,9% ($p = 0.460$), respectively.

Discussion:

Colorectal stenting is the favorite intervention in comparison with the use of a trans anal decompression tube as a bridge to surgery for patients with malignant colon obstruction.