

SURGICAL TREATMENT OF ACUTE INTESTINAL OBSTRUCTION CAUSED BY COLORECTAL CANCER

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Acute intestinal obstruction is a complex pathological condition which is in 90% of the cases caused by colorectal cancer (CRC). Unfortunately, despite the advances in diagnostics, in 20% of patients with this cancer the diagnosis is made on the operating table during the emergency surgery for acute obstruction of the colon. Mortality in emergency operations is 15-20%, while the morbidity is reported in 40-50% of the cases.

The aim of this study was to determine the incidence of acute intestinal obstruction caused by CRC, the localization of obstruction and types of applied surgical procedures.

A prospective clinical study was conducted at the Department of General Surgery, Clinical Center Niš and included patients treated for acute intestinal obstruction caused by colorectal cancer, in the period from 2011 to 2014. Due to acute intestinal obstruction caused by CRC, a total of 129 patients underwent surgery.

The mean age of treated patients was 60.2 years, the youngest patient was 42, and the oldest one was 80 years old. The largest number of patients was in T3 stage. Obstructive cancer was localized in the right colon in 34 (26.35%) patients, in the left colon in 53 (41.08 %) patients, and in the rectum in 42 (32.55%) patients. Total colectomy was performed in 2 (1.55%) patients, subtotal colectomy in 4 (3.1%) patients, right hemicolectomy was performed in 16 (12.40%) patients, left hemicolectomy in 6 (4.65%) patients, Hartmann's procedure in 29 (22.48%) patients, ileotransverse anastomosis in 11 (8.52%) patients, ileo-sigmoid anastomosis in 4 (3.10) patients, Miles' procedure in 3 (2.32%) patients, ileostomy in 2 (1.55%) patients, colostomy in 47 (36.43%) patients, and resection of the sigmoid colon in 5 (3.87%) patients. Out of 129 patients operated for acute intestinal obstruction due to CRC, 25 patients died, representing the morbidity rate of 35.65%, and the mortality rate of 19.37 %.

The final decision on the type of surgical procedure is made on the basis of surgical findings, general condition of patients, and experience of the surgeon. Each of these surgical procedures in the treatment of CRC has its advantages, disadvantages and indication areas. *Acta Medica Medianae 2015;54(4):18-23.*

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