Early complications following radical surgical treatment of patients with gastric adenocarcinoma

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As per the current classification of malignant gastric disease of the International Gastric Cancer Association (IGCA), the dissection of lymph nodes (LN), and the splenic hilus along the splenic artery (LN group 10 and 11) is the part of radical surgical treatment of proximal and medium gastric carcinoma. Koga et al.\(^1\) refer that, as early as 1967, Kanai et al. reported the results of the study showing that the total dissection of lymph nodes and the splenic hilus was possible only within the combined distal splenopancreaticetomy. However, that radical concept of treatment, which implies the routine resection of the distal pancreas, has caused numerous specific complications.

Attempting to maintain regional radicalism, and avoid the unnecessary combined resection of the pancreas and, thus, minimize the frequency of postoperative complications, Maruyama et al.\(^3\) conceptualized the pancreas-preserving surgery. Although the frequency of specific complications has been significantly decreased by introducing this functionally preserving procedure, the majority of authors support the fact that pancreatic fistula and left subphrenic abscess are still the most frequent infective complications following radical surgical treatment of gastric carcinoma. While Doglietto et al.\(^3\) and Pacelli et al.\(^4\) say that the frequency of pancreatic fistula following the pancreas-preserving procedure is not more than 1%, Furukawa et al.\(^5\) in the sequence of 55 pancreas-preserving procedures, report the frequency of 9.1%.

In the patients with distal pancreatectomy, the most frequent specific complication is pancreatic fistula, which ranges from 10-40% according to the literature. The etiology of pancreatic fistula is primarily associated with the postoperative trauma of the pancreatic tissue, but the devascularization of the pancreatic tail may be one of the etiologic facts. Data from the literature direct to the conclusion that even the mobilization of the pancreas may cause the injury of peripancreatic canals. The occurrence of pancreatic fistula is more frequent after the pancreas-preserving splenectomy with the complete mobilization of...

References


