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Complications of antegradny access at the decompression of bilious channels in patients with mechanical jaundice and ways of their treatment

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Introduction: Percutaneous transhepatic drainage of the bile duct and its tributaries is performed for the patients who have unresectable tumor of the hepato-duodenal area with obstruction of biliary system; only when it is not possible to drain by endoscopy due to dramatic pathological changes in the region or low performance status of the patient. This procedure improves the quality of life and overall survival without changing disease prognosis.

Aim: The aim of the study is the efficacy and safety assessment of percutaneous techniques installation of biliary drainage systems, and differentiate possible complications and there treatment.

Method: From 2014 to 2015, the clinic endoscopic and minimally invasive surgery at Stavropol State Medical University (StSMU) had 112 inpatients with obstructive jaundice. All patients underwent percutaneous transhepatic drainage of the bile duct and its tributaries. Total 128 operations were done. The average patient age was 65.5 years; mean bilirubin level at admission was 253.

Results: We performed 128 operations on patients. In all cases, the biliary system was drained effectively. In 41.4% mounted external drainage, 32% of the external-internal drainage, 4% drainage bilobar, 6.2% bile duct stent, 3.1% "rendez-vous" passage technique of benign strictures of the common bile duct. In 1.5% of cases, after the drainage of the biliary ducts, hemobilia occurred that was resolved conservatively by the change of drainage and washing. In 13.2% of cases of cholangitis after drainage, in all cases, they were treated conservatively. Allergic reaction was observed to the anesthetic 2.3% (three patients). Leakage of bile into the abdominal cavity was seen because of drainage migration in 1.5% (two patients). The lethal outcome of 0.5% (within seven days of observation) and the duration of hospitalization were three days for the early ambulated patients- fast track.

Conclusion: Percutaneous transhepatic drainage of the bile duct and its tributaries is an important alternative to endoscopic drainage. This intervention is shown to extend the lives of patients with malignant stricture with a low level of survival. Treatment of postoperative complications, the ante-grade way of interventions in most cases doesn't demand performance of open operations.

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Medial to lateral lymph nodes dissection for primary radical resection of colon cancer, complicated by large bowel obstruction

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Background: Choosing a primary radical resection in treatment of large bowel obstruction, often oncologically justified by necessity to remove the obstructive tumor at the first stage. However, indicators of radicalism of this approach are not enough reflected in trials.

Materials & Methods: Prospective comparative trial in period from December 2012 till April 2015 of treatment outcomes and specimens of 70 patients, whom mobilization of the mesocolon were performed in medial to lateral direction and traditional way.

Results: The average number of lymph nodes, complications of I, II and V level did not differ significantly. The median vascular tie length improved from 42 to 115 mm for right colon cancer and from 30 to 65 mm for left colon cancer.

Conclusions: Benefits of the primary radical treatment for large bowel obstruction versus delayed surgery remains controversial. However, at the first case, the choice should be given to the medial-lateral approach, which allows achieving best tissue morphometry and improving of treatment outcomes.

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