

DIAGNOSTIC AND THERAPEUTIC CONSIDERATIONS IN ASSOCIATION OF COLORECTAL CANCER WITH BILIARY LITHIASIS

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Introduction

The association of colorectal cancer with cholelithiasis is reported in 8-12% cases. Selecting the volume of surgery remains a question of discussion.

Keywords

gallstone, colorectal cancer, treatment, results

Purpose

Analysis of the diagnosis and treatment experience of patients with biliary lithiasis and CCancer.

Material and methods

Of the 1456 patients treated in 2011-2019 for biliary lithiasis, association with colon cancer was found in 8 cases, 3 -transverse colon, 1-ascending colon, 2-ilio-cecal angle, 2-left colon.

Results

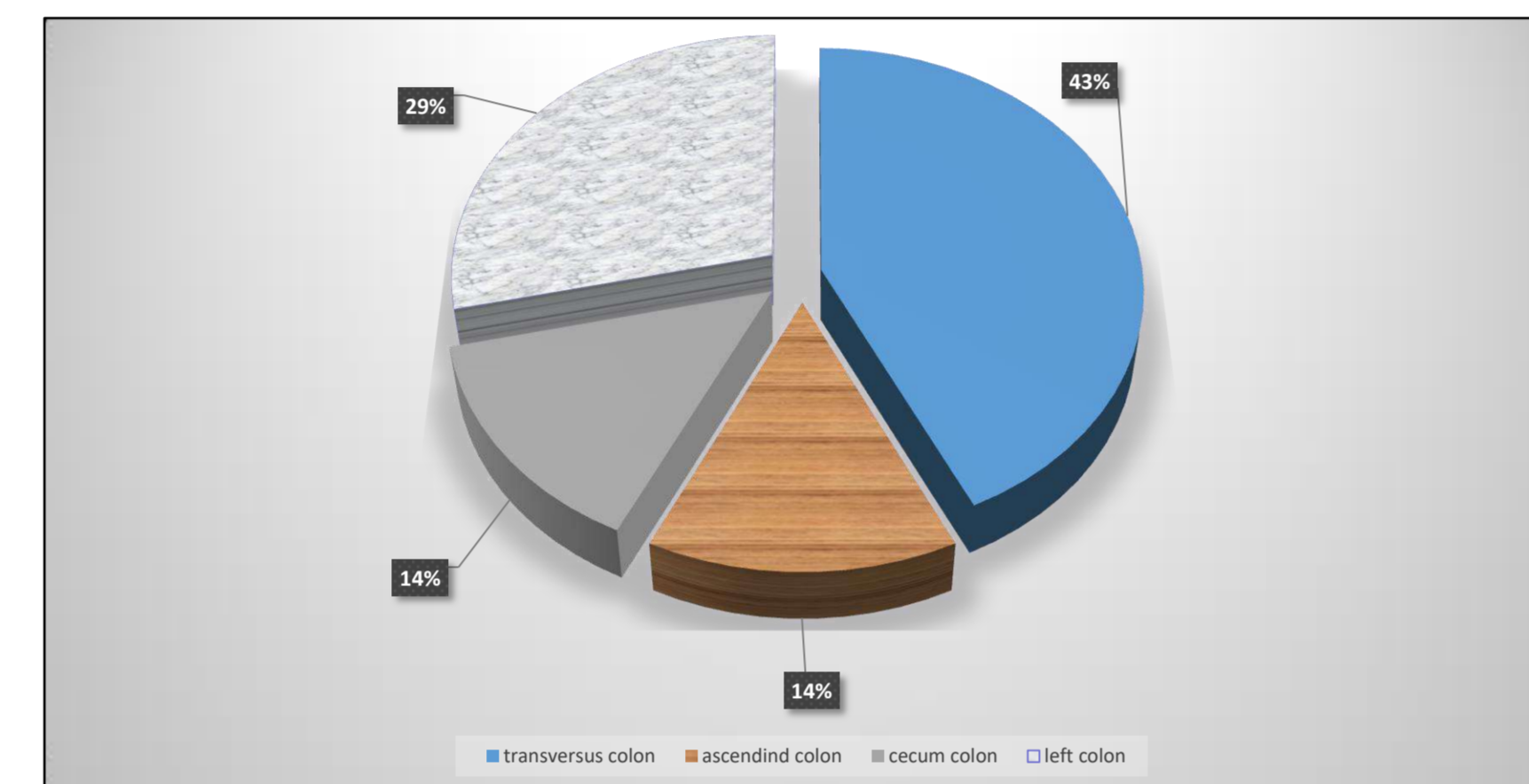


Fig.1 Location of colonic malignancy



Fig.2 Cholecystectomy simultaneous hemicolectomy

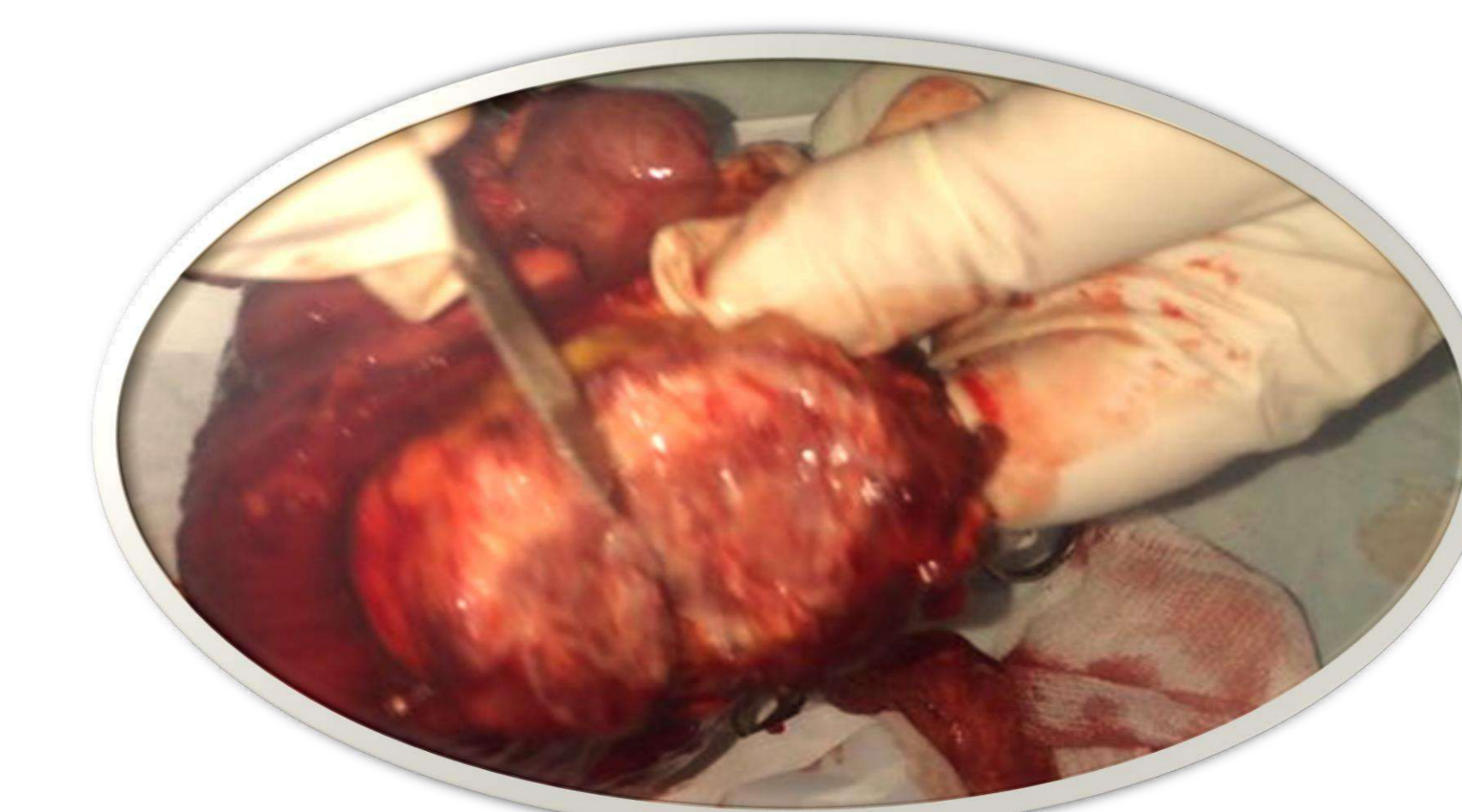


Fig.3 Adenocarcinoma with total obstruction

In partial occlusion(2), bile colic had cover the sign of the right colon CR. Laparoscopic cholecystectomy was performed first of all. For total acute occlusion, the patients were hospitalized repeatedly over- 3 weeks(1) and 2 months(1).. Solving - right hemicolectomy with primary anastomosis. In right colon CR(3) and left colon CR(1) with sign of total obstruction, the concomitant lithiasis was confirmed at USG. Cholecistectomy was performed simultaneously with hemicolectomy and primary anastomosis. Hartmann operation was performed, in the case of tumor in destruction with abscess on the left, cholecystectomy was delayed. Morbidity - suppuration of the wound(1), without mortality.

Conclusions

The association of biliary lithiasis is more common with right colon cancer. The known history of lithiasis in a partial occlusion can cause frequent diagnostic errors. Performing simultaneous surgery depends on the staging of the colon CR and the presence of suppurative complications



Fig.4 Primary anastomosis in right hemicolectomy