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**CRITERIUL ADENOPATIEI METASTATICE IN CANCERUL DE COLON****Paunescu V.<sup>1</sup>, Pop-Began D.<sup>1</sup>, Pop-Began Valentina<sup>1</sup>, Lisievici M.<sup>2</sup>**<sup>1</sup>-U.M.F."Carol Davila", Clinica chirurgicala, Spitalul Clinic de Urgenta "Bagdasar-Arseni";<sup>2</sup>- Serviciul de Anatomie Patologica; Spitalul Clinic de Urgenta "Bagdasar-Arseni", Bucuresti

In studiul prospectiv a 126 pacienti cu cancer de colon (B = 70; 55,55 %, F = 56; 44,44 %), cu media varstei de 65,26 ani (limite 20-89 ani), majoritatea aflati in stadiul clinic III (n = 72; 57,14 %) si IV (n = 49; 38,89 %) cu tumori situate mai frecvent pe colonul stang (n = 86; 68,25 %) si mai ales, pe sigmoid (n = 64; 50,79 %), au fost operati in urgenta (n = 42; 33,33 %) sau electiv (n = 84; 66,66 %). Invazia in profunzimea peretelui colic (pT 3 = 49; 38,9 %; pT4 = 72; 57,1 %) a fost insotita de cresterea numarului de noduli limfatici regionali afectati (pN1 = 29; 23,0 %; pN 2 = 43; 34,1 %). Existenta anastomozelor limfatice, a cailor limfatice de scurtcircuitare, a invaziei venoase (n = 4; 3,17 %) explica metastazele limfatice la distanta (n = 8; 6,34 %) si a celor viscerale (PM1 = 49; 38,9 %). Invazia limfatica a fost favorizata de histiocitoza (n = 5; 9,37 %), hiperplazia foliculilor limfatici (n = 3; 2,38 %) si de gradul de diferentiere celulara a tumorii (G3 = 21; 16,66 %). Complicatiile postoperatorii au aparut doar la pacientii in stadiile clinice III (n = 11; 15,41 %) si IV (n = 15; 30,61 %). Postoperator s-au inregistrat 24 (19,04 %) decese, cele mai multe in tumorile din stadiul pT 4 (n = 18; 25 %). Supravietuirea corectata la cinci ani pentru pacientii cu adenopatie metastatica din stadiul III a fost de 33,57 %, diferit pentru TN1 sub 4 noduli limfatici si pentru TN2 – mai mult de 4 noduli limfatici. Concluzii: Prezenta adenopatiei metastatice are valoare informativa cruciala in aprecierea evolutiei postoperatorii precoce si tardive. Cuvinte cheie: cancer colon, adenopatie metastatica, morbiditate, mortalitate, supravietuire.

**METASTATIC LYMPH CRITERION FOR COLON CANCER**

In the prospective study of 126 patients with colon cancer (B = 70, 55.55%, F = 56, 44.44%), with an average age of 65.26 years (range 20-89 years), most are in stage clinical III (n = 72, 57.14%) and IV (n = 49, 38.89%) with tumors located more frequently in the left colon (n = 86, 68.25%) and especially the sigmoid colon (n = 64, 50.79%) were operated in emergency (n = 42, 33.33%) or elective (n = 84, 66.66%). Colic wall invasion depth (pT 3 = 49, 38.9%, pT4 = 72, 57.1%) were accompanied by an increase in the number of affected regional lymph nodes (pN1 = 29, 23.0%, pN 2 = 43, 34.1%). The existence of lymphatic anastomoses, bypass of the lymphatics, and venous invasion (n = 4, 3.17%) explain away lymphatic metastases (n = 8, 6.34%) and the visceral (PM1 = 49, 38.9 %). Lymphatic invasion was favored by histiocytosis (n = 5, 9.37%), hyperplasia of lymph follicles (n = 3, 2.38%) and degree of tumor cell differentiation (G3 = 21, 16.66%). Postoperative complications occurred only in patients in clinical stage III (n = 11, 15.41%) and IV (n = 15, 30.61%). Postoperatively there were 24 (19.04%) deaths, mostly in tumors of stage pT 4 (n = 18, 25%). Corrected to five years survival for patients with metastatic adenopathy of stage III was 33.57%, different for TN1: under 4 lymph nodes and for TN2: more than 4 lymph nodes. Conclusions: The presence of metastatic adenopathy is crucial in assessing the informational value of early and late postoperative evolution. Keywords: colon cancer, metastatic lymphadenopathy, morbidity, mortality survival.

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