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## MARCAREA NODULILOR LIMFATICI SANTINELĂ ÎN CONDIȚII DE OCLUZIE NEOPLAZICĂ DE COLON

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Introducere: Prezența metastazelor în nodulii limfatici reprezintă cel mai important factor pronostic de supraviețuire a pacienților cu cancer de colon potențial curabil. La momentul actual metoda de marcarea a nodulilor limfatici santinelă pentru neoplaziile ocluzive colorectale nu este definitivată. Deși nu modifică procedeul chirurgical, mappingul în cancerul de colon poate ameliora stadializarea conform criteriului pN și poate reduce timpul necesar examenului morfolopatologic prin limitarea acestuia doar la nodulii limfatici „pozitivi”. Material și metodă: În studiu au fost incluși 22 pacienți cu ocluzii neoplazice de colon, raportul B:F a fost 1.44:1 (13/9) cu vârsta medie 60.91±3.51 (28-84) ani. Scorul ocluziei a fost 8.41±0.49 (5-12). Marcarea nodulilor limfatici santinelă a fost efectuată utilizând colorant albastru de metilenă 1% 10 ml (10mg/mL) ProMetic Pharma Inc. și Patenbalu V 2.5% 2 ml Guerbet GmbH. injectate in vivo intratumoral. Nodulii depistați au fost examinați histologic HE. Rezultate: Rata de succes a marcării nodulilor limfatici santinelă a constituit 95.45% (21/22). În 4 cazuri sau colorat câte 1 nodul, câte 2 noduli sau colorat în 9 cazuri, 3 noduli au fost marcați în 4 cazuri, 4 și 5 noduli sau colorat în 1 caz și în 2 cazuri au fost marcați 6 noduli. În mediu au fost marcați 2.5±0.33 (0-6) noduli. Histologic pozitivi au fost 38% (n=8) noduli santinelă. Sensibilitatea metodei a fost 100%, specificitatea 7%. Stadiul tumorii a fost T3N0M0 (n=14) și T3N1M0 (n=8). Nu au fost semnalate reacții adverse în cazul utilizării albastrului de metilenă și paten balau V în condiții de ocluzie neoplazică de colon. Concluzii: Prezentăm în premieră metoda de marcarea a nodulilor santinelă în condiții de ocluzie neoplazică de colon. Mappingul nodulilor limfatici santinelă poate fi utilizat cu succes în condiții de colon ocluziv neoplazic cu scop de stadializare mai exactă a tumorii conform criteriului pN și a indicațiilor pentru chimioterapie.

## SENTINEL LYMPH NODE MAPPING FOR OBSTRUCTIVE COLON MALIGNANCY

Introduction: Sentinel lymph node metastases are one of the most important prognostic factors for survival in patients with colorectal malignancies. Up to date there is no widely accepted consensus upon sentinel lymph node mapping for obstructed colorectal cancer. Although the method does not modify the surgical treatment, it could provide accurate staging according to the pN criterion, as well as focusing the pathologic examination just to the positive lymph nodes. Material and method: In the study were included 22 patients with obstructive colon malignancies, M:F ratio was 1.44:1 (13/9) with the mean age of 60.91±3.51 (28-84) years. Mean colon obstruction score was 8.41±0.49 (5-12). Sentinel lymph node mapping was achieved using methylene blue 1% 10 ml (10mg/mL) ProMetic Pharma Inc. and Patenbalu V 2.5% 2 ml Guerbet GmbH injected in vivo intratumoral. All stained lymph nodes were examined histologically HE. Results: The success rate was 95.45% (21/22). One stained node was detected in 4 cases, 2 nodes (n=9), 3 (n=4), 4 and 5 stained nodes were in 1 case respectively and 6 (n=2). The mean number of stained sentinel lymph nodes was 2.5±0.33 (0-6). Sensitivity was 100% and specificity was 7%. Histological positive were 38% (n=8) sentinel lymph nodes. Tumor staging was T3N0M0 (n=14) and T3N1M0 (n=8). There were no adverse reactions related to dye injection. Conclusions: We present the first report regarding sentinel lymph node mapping in obstructed colonic malignancy. Sentinel lymph node mapping may be successfully used in case of malignant colonic obstruction in order to accurately determine the tumor stage according to the pN criterion, as well as for postoperative chemotherapy patient's selection.

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## «ОТКРЫТАЯ» И ЛАПАРОСКОПИЧЕСКАЯ КРИОДЕСТРУКЦИЯ В ЛЕЧЕНИИ КОЛОРЕКТАЛЬНОГО РАКА С СИНХРОННЫМИ И МЕТАХРОННЫМИ МЕТАСТАЗАМИ В ПЕЧЕНИ

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Цель исследования: попытка улучшить результаты хирургического и комбинированного лечения больных с метастазами в печени с применением «открытой» и лапароскопической их криодеструкции. Материал и методы. Проведен ретроспективный анализ 96 историй болезни за последние 5 лет больных КРР с метастазами в печени. Мужчин было 64, женщин 32 в возрасте от 41 до 88 лет. Больные разделены на 2 группы — с синхронными (42 больных) и метастазными (54) метастазами. Объем метастатического поражения печени составлял по Gennari I ст. - у 36 больных, II ст. - у 53, III ст. - у 7. В настоящее время комбинированное лечение с использованием химиотерапии является стандартом лечения таких больных. Альтернативой хирургическому удалению метастазов в печени является криогенная их деструкция. Из 54 больных, поступивших в клинику с наличием метастатических узлов в печени, 32 -м выполнена лапароскопическая их деструкция и 22 больных «открытая» во время реконструктивно — восстановительных операций после операции типа Гартмана. Результаты и их обсуждение. Из 42 больных с синхронным метастатическим раком в печени умерли 9, из них после плановых операций — 4, после urgentных — 5. У пациентов, которым применяли традиционное лечение, частота осложнений в раннем послеоперационном периоде составила 19,5%, у пациентов с применением криодеструкции — 12,0%, летальность соответственно 12,2% и 2,0%. Шести больным лапа-

роскопическую криодеструкцию производили дважды в течение 2-х лет, один больной оперирован трижды. Медиана жизни у больных с криодеструкцией составила 48 месяцев при синхронных одиночных метастазах и 27 при синхронных множественных, при метакронных соответственно 34 мес. и 18 мес. Основной причиной смерти в отдаленном периоде у больных всех групп была генерализация онкопроцесса. Выводы. 1. Наличие синхронных метастазов в печени не является свидетельством неоперабельности. В такой ситуации считаем целесообразным удаление опухоли по онкологическим принципам с резекцией печени или криодеструкцией метастазов. 2. Метод криодеструкции метакронных метастазов в печени имеет несомненные преимущества перед хирургическим их удалением, при единичных метастазах он может быть методом выбора с высокой степенью радикальности.

## «OPENED» AND LAPAROSCOPIC CRYODESTRUCTION IN TREATMENT OF COLORECTAL CANCER WITH THE SYNCHRONOUS AND METACHRONOUS LIVER METASTASES

The purpose of research: attempt to improve the results of surgical and combined treatment of patients with liver metastases with “opened” and laparoscopic cryodestruction. Material and methods. The retrospective analysis of 96 cases of histories over the last 5 years of patients with colorectal cancer with liver metastases is carried out. Male was 64, female - 32 at the age from 41 till 88 years. Patients are divided into 2 groups - with synchronous (42 patients) and metachronous (54) metastases. The volume of liver metastatic defeat according to Gennari's classification: I stage - at 36 patients, II - at 53, III - at 7. Now the combined treatment with chemotherapy use as the standard of treatment of such patients. Alternative to surgical removing of liver metastases is cryodestruction. From 54 patients who have arrived in clinic with presence metachronous liver metastatic nodes, in 32 laparoscopic and in 22 of patients «opened» cryodestruction during time reconstructive - regenerative operations and after Hartmann's procedure. Results and their discussion. From 42 patients with a synchronous liver metastases 9 have died, from them after planned operations - 4, after urgent - 5. In patients with traditional treatment, frequency of complications in the early postoperative period was 19,5 %, in patients with cryodestruction application - 12,0%, lethality was 12,2 % and 2,0 % correspondingly. In 6 of patients laparoscopic cryodestruction was performed twice within 2 years, one patient was operated on three times. The median of life in patients with cryodestruction was 48 months at synchronous single metastases and 27 at synchronous plural, at metachronous - 34 and 18 months correspondingly. The main death cause in the remote period in all patients of all groups was oncologic process generalisation. Conclusions. 1. Presence of synchronous liver metastases is not the criteria of non- operability. In such situation it is considered to perform tumor removing according to oncologic principles with a liver resection or metastases cryodestruction. 2. The method of metachronous liver metastases cryodestruction has doubtless advantages before their surgical removing, at singular metastases it can be a method of a choice with high degree of radicalism.

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## STAREA ACTUALĂ A CHIRURGIEI ONCOLOGICE ÎN REPUBLICA MOLDOVA

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În Republica Moldova, metoda chirurgicală de tratament oncologic se aplică în majoritatea cazurilor în clinica Institutului Oncologic (anual 6365 de operații - 86,5%), apoi în secția oncologică a spitalului municipal Bălți (207 operații - 2,8%) și în Clinicele Universitare (SCR-1, spitalul municipal „Sf. Treime”, Institutul de Neurologie și Neurochirurgie - 573 de operații - 7,8%). Pentru elaborarea tehnologiilor noi performante și pregătirea cadrelor în chirurgia oncologică se propune fondarea Societății Naționale de Chirurgie Oncologică, Centrul de Chirurgie Oncologică (în baza clinicii chirurgicale a Institutului Oncologic), cursurilor universitare de reciclare a medicilor chirurghi.

## THE ACTUAL SITUATION OF THE ONCOLOGY SURGERY IN REPUBLIC OF MOLDOVA

The Republic of Moldova Institute of Oncology, the surgical methods of oncology treatment is used in the majority of cases (6365 operations - 85,5% annually), in oncology section of Balti Municipal Hospital (207 operations - 2,8%), in University Clinics: SCR-1, Municipal Hospital “Sf. Treime”, Neurology and Neurosurgery Institute (573 operations - 7,8%). For developing of new effective technologies and teaching of the staff in the field of oncology surgery, it is proposed to establish the National Oncology Surgery Society, Oncology Surgery Center (on a basis of the Surgery Clinic of the Institute of Oncology), the University Courses of specialization for the surgeons.