



EMERGENCY SURGERY IN OCCLUSIVE COLORECTAL CANCER

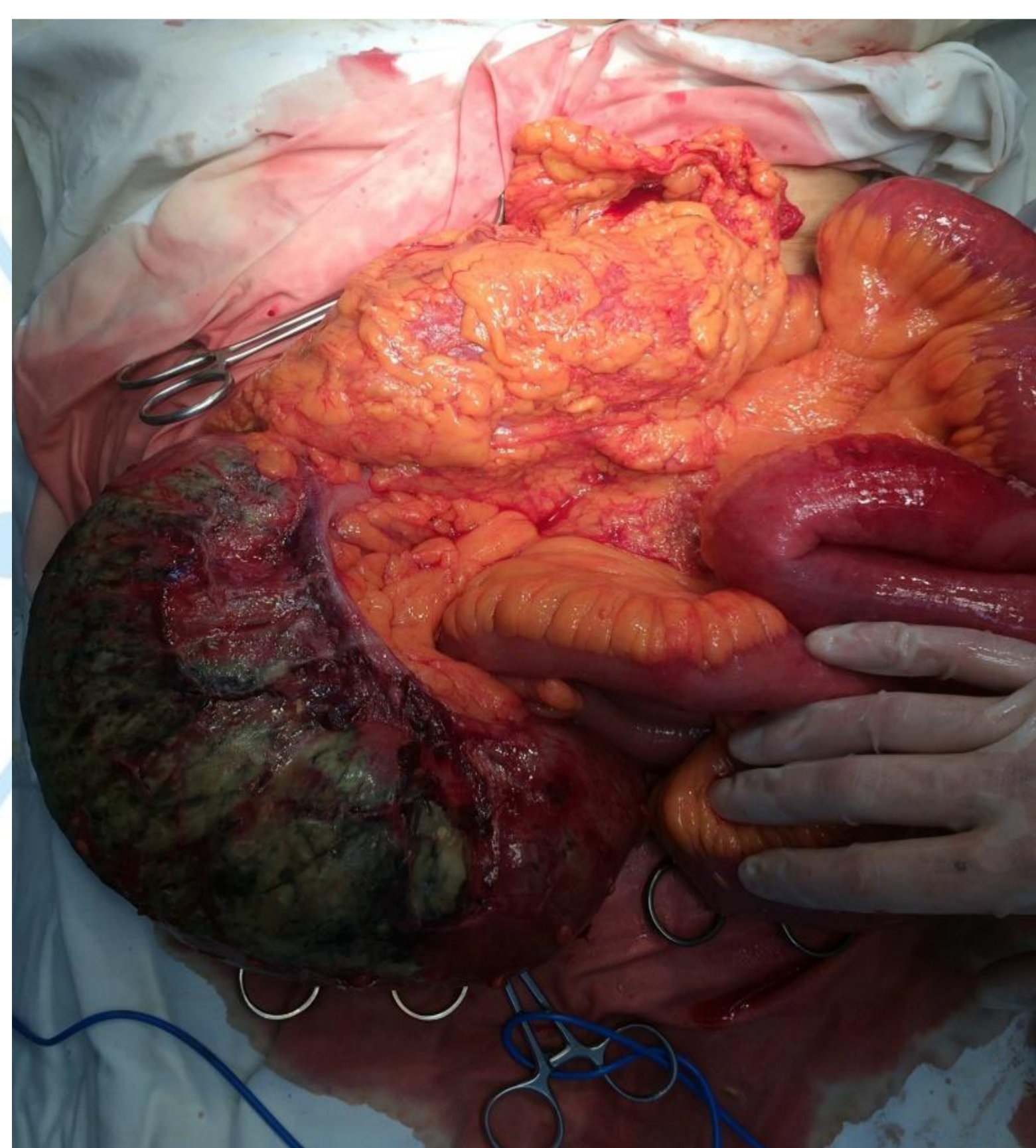
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Introduction

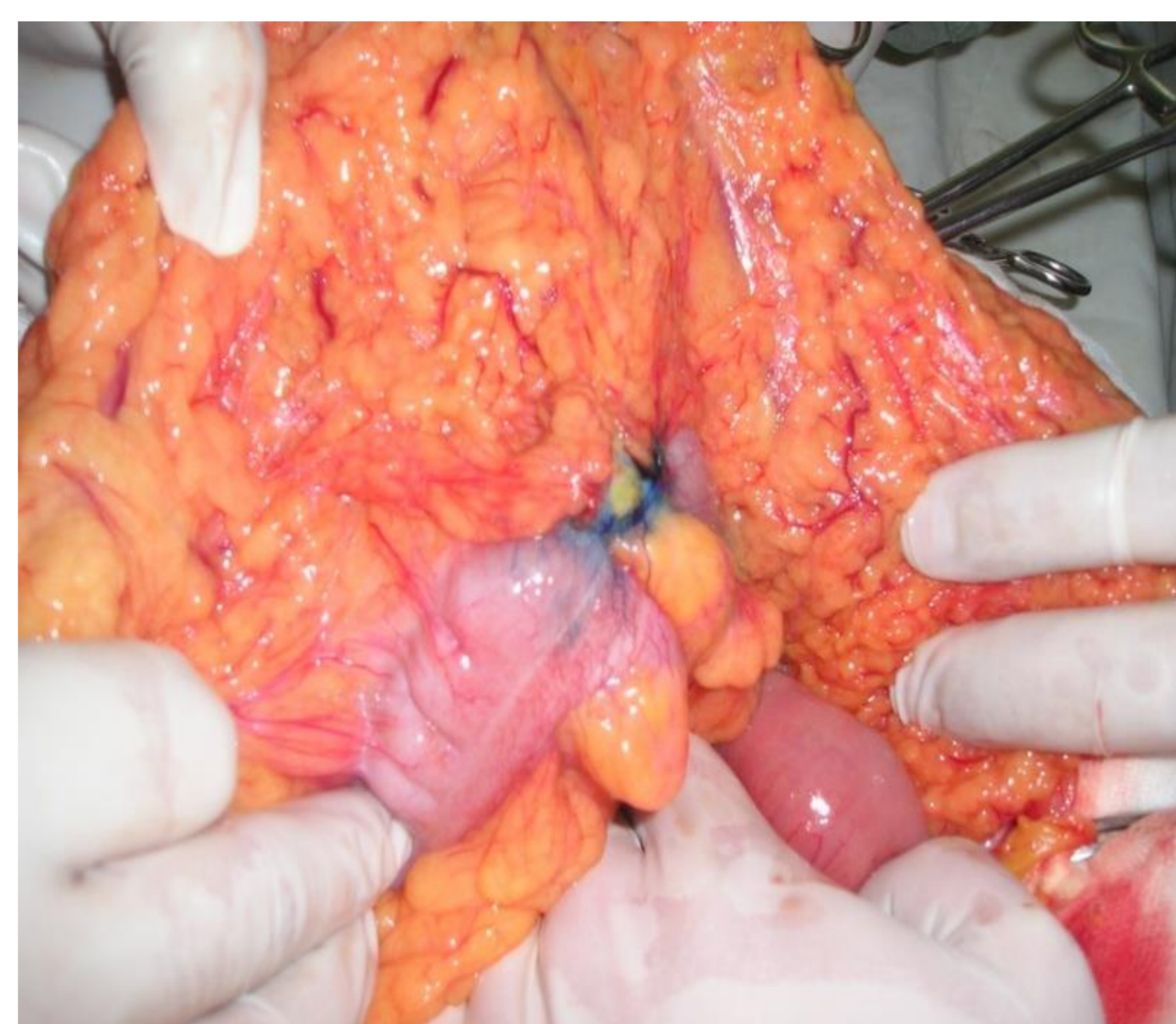
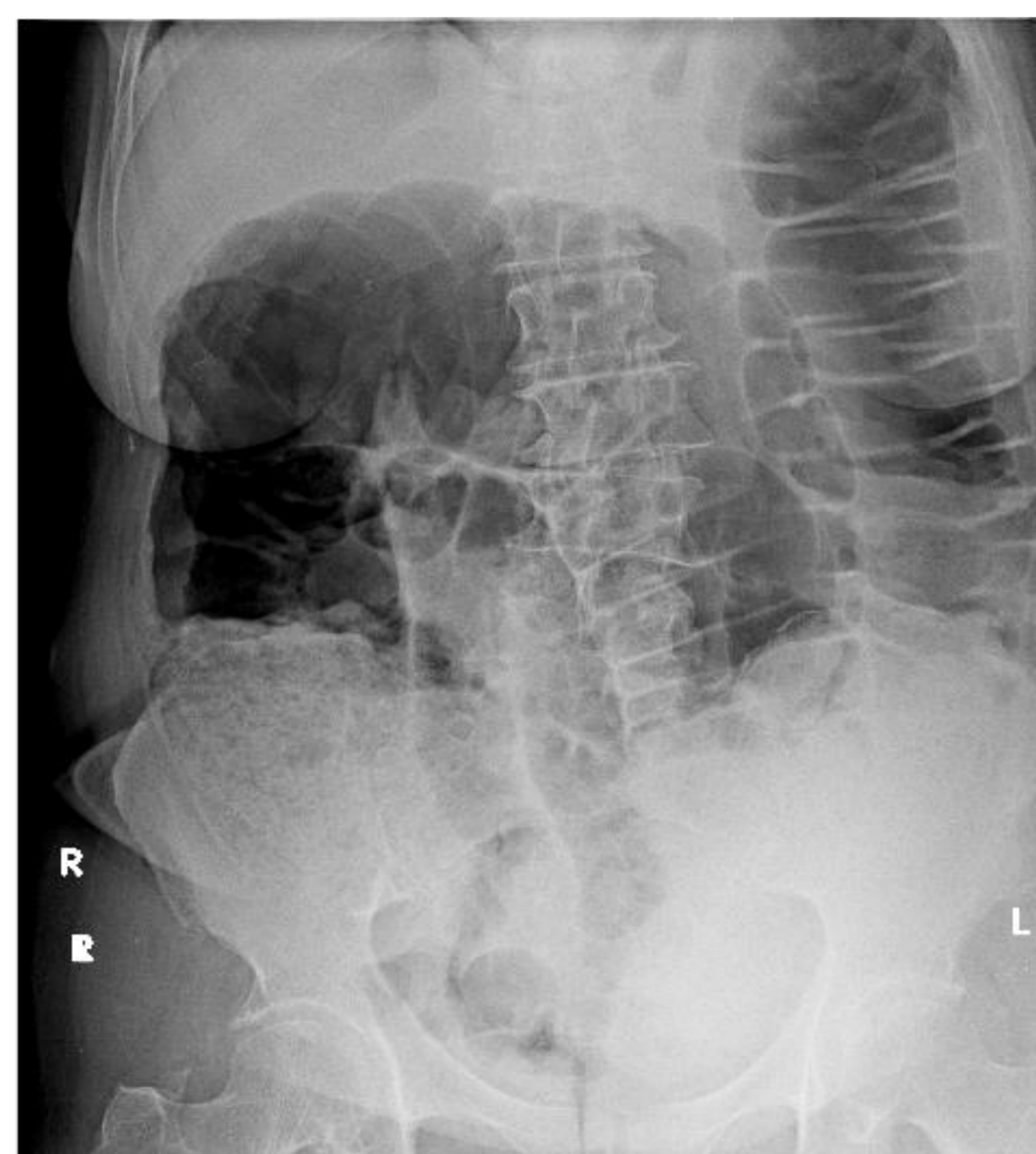
Emergency interventions in occlusive colorectal cancer (OCRC) are associated with high rates of morbidity and mortality, determined by the therapeutic attitude and comorbidities of patients, the ways to complete the intervention being the primary anastomosis or the external derivation [Oliphant R., 2014].

Keywords

Occlusive colorectal cancer, surgical emergencies, anastomoses, external derivation



Cancer of sigmoid colon complicated with acute intestinal obstruction and peritonitis



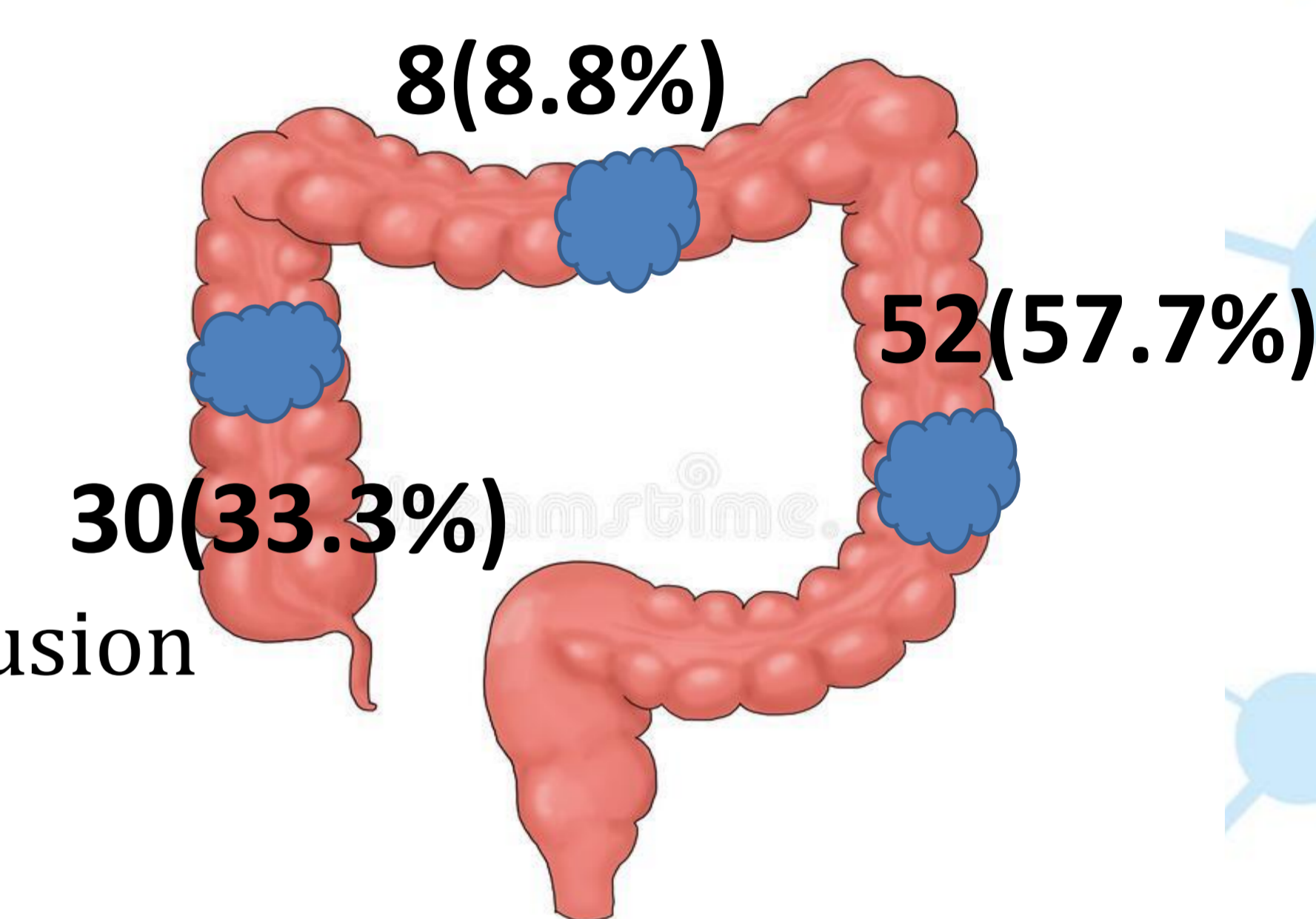
Material and methods

Retrospective study on 90 patients with OCRC, operated in Emergency Hospital (Chișinău), between 2018 and 2020. Ratio M:W=1.1:1, average age - 63.96±1.34 years.

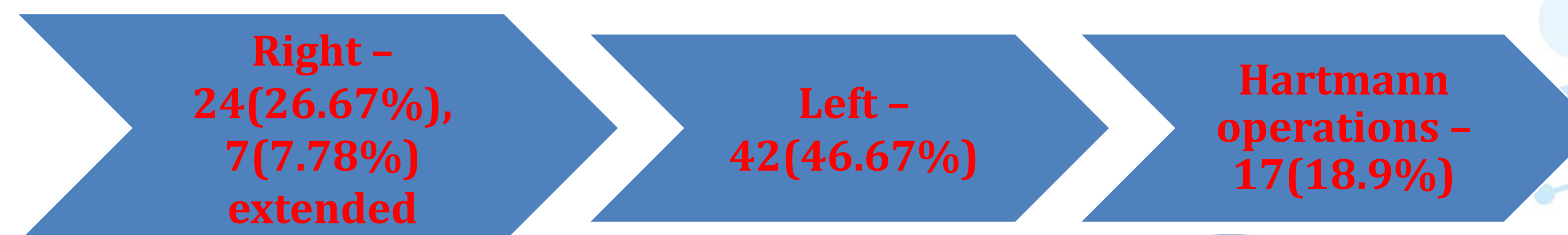
Results

Cause of hospitalization: acute intestinal occlusion (AIO) and peritonitis - 22(22.44%), AIO - 25(27.7%), subocclusion - 43(47.7%).

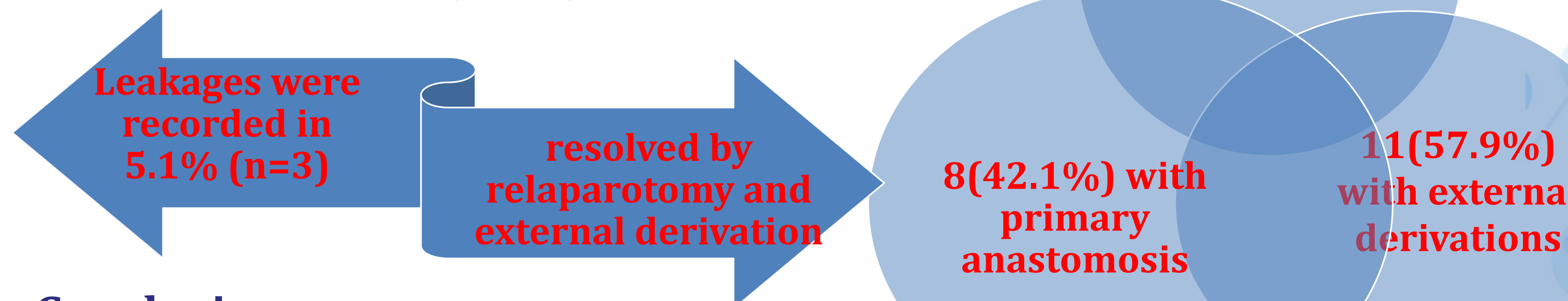
Distribution of cancer location



Performed hemicolectomies



In the right OCRC 25(80.65%) ileotransversostomies and 6(19.35%) ileostomies were performed. In the left OCRC were applied 34(80.95%) internal derivations, 3(7.14%) transversostomies and 5(11.9%) STEC.



Purpose

Analysis of the result of surgical treatment of OCRC in emergencies.

Conclusions

The type of surgery is determined by the location of the tumor and the degree of intestinal occlusion.