

MULTIMODAL TREATMENT OF LOCALLY-ADVANCED LIP CANCER (ST III-IV T3N0M0 – T4N0M0) USING PHYSICAL FACTORS

Analyzing the literature data shows that the increased use of cryogenic treatment in locally advanced lip cancer treatment and methods of cryogenic treatment are not used sufficiently. It served us as a base to carry out our study, the aim was to get a rational method for cryogenic treatment, to determine the indications and contraindications for this method. Multimodal treatment with the application of physical factors was applied to 160 patients (with locally advanced cancer of the lower lip), 15 (9.4%) - women, 145 (90.6%) - men who were aged from 30 to 89 years. Cancer was verified morphologically in all 160 cases (100%). Patients in the research group suffered from associated diseases: ischemic heart disease - 50 (31.2%) - 26 hypertonic disease (16.3%) varicose disease of lower limb vessels - 21 (13.1%) ; -17 chronic lung disease (10.7%) chronic hepatitis - 15 (9.3%), pulmonary tuberculosis - 8 (5.0%). Results: After applying the combined approach using physical factors were obtained favorable results, the 5 years survival was 82.4%, compared with 42.8% in the classical method. If the tumor spreads vertically with infiltration of the horizontal branch of the mandible, it is recommended that the proposed method include the excision of the tumor and resection of the mandible with the soft tissue plasty with a delto-pectoral flap.

E100

MICROCHIRURGIA ÎN TRATAMENTUL CANCERULUI LOCAL AVANSAT AL LARINGELUI

Marina S., Țibirnă Gh., Bejan A., Clim C., Palade V., Mîndruță Rodica

IMSP Institutul Oncologic

Anual în Republica Moldova sunt depistați circa 150 pacienți cu cancer localizat în zonă laringofaringiană. În majoritatea cazurilor clinice procesul este local avansat, ce necesită un tratament combinat, complex și o reabilitare chirurgicală amplă. Pe lângă metodele tradiționale de reabilitare chirurgicală, în secția tumorilor capului și gâtului din luna mai 1989 a fost implementată metoda microchirurgicală de reabilitare a pacienților. În perioada 1989 până în prezent după această metodă au fost tratați circa 150 pacienți, 66 din ei au fost tratați pentru cancer local avansat al zonei laringofaringiene. Toți pacienții au fost supuși tratamentului radioterapeutic pre- sau/și postoperator, în volum 40 – 66 Gr. În toate cazurile au fost efectuate laringectomii cu formare de faringo-esofagostomie planică. Toți pacienții au fost supuși intervenției chirurgicale la căile limfatice cervicale. Primul grup – lambourile utilizate pentru formarea tunicii interne a traiectului faringo-esofagian. Lambouri libere: 1. cutanofasciale: radial 10 cazuri; scapular 10 cazuri; 2. viscerele: jejunal 7 cazuri; stomac-epiplon 4 cazuri. Al doilea grup: lambourile utilizate pentru formarea tunicii externe a traiectului faringo-esofagian. Lambouri libere: 1. cutanomusculare: TDL 22 cazuri; TFL 1 caz; TDL + SL 2 cazuri. Complicațiile postoperatorii au fost cauzate de dereglări în microcirculația lamboului și anastomozelor vasculare. În 40% cazuri dereglările de microcirculație s-au manifestat prin declanșarea necrozei parțiale a lamboului și apariția fistulei faringo-esofagiene. Într-un caz a fost constatată necroza totală a lamboului. Durata perioadei de reabilitare a pacienților cu restabilirea totală a traiectului faringo-esofagian a constituit în mediu 25 zile.

MICROSURGERY IN THE TREATMENT OF LOCAL ADVANCED LARYNGEAL CANCER

Each year, in Moldova, about 150 patients are being traced, having laryngopharyngeal cancer. In most cases, the process is in advanced stage, needing a combined and complex treatment, with a large surgical rehabilitation. Besides the traditional methods, the Department of Head and Neck Tumors, since May 1989, has implemented the microsurgical method of rehabilitation. Beginning with 1989 until present, with the help of this method, about 150 patients have been treated, 66 of them having local advanced laryngopharyngeal cancer. All patients have passed radiotherapy, either before the surgical intervention, after it or both, in terms of 40-66 Gr. Laryngectomy with planned pharyngoesophagostomy has been performed in every case. All patients have passed surgical intervention on lymphatic cervical canals. First group – the flaps used for forming the internal tunic of pharyngoesophageal path. Free flaps: 1) cutanofascial: radial – 10 cases, scapular – 10 cases; 2) visceral: jejunal – 7 cases; stomach-omentum – 4 cases; Second group – the flaps used for forming the external tunic of pharyngoesophageal path. Free flaps: 1) cutanomuscular: TDL – 22 cases, TFL – 1 case, TDL+SL – 2 cases. The after-surgical complications have been caused by disorders, appeared in the microcirculation of the flap and the vascular anastomosis. In 40% of all cases, the microcirculation disorders have been displayed by triggering the partial necrosis of the flap and by the appearance of pharyngoesophageal fistula. In one case, there has been observed a total necrosis of the flap. The period of rehabilitation, with total recovery of the pharyngoesophageal path, has lasted an average of 25 days.