구연발표   II-3

IS D2-Lymphadenectomy Enough for Advanced
Gastric Cancer Paitnets?

전남대학교 의과대학 외과학교실

김영진, 김동의, 류성엽, 김신곤

(배경 및 목적) The International Union Against Cancer (UICC) TNM staging system defined a new system for classifying gastric cancer, based on the number of metastatic nodes. However, involvement of the hepatoduodenal, retropancreatic, mesenteric, and paraaortic lymph nodes is classified as distant metastasis. The aim of the present study is to evaluate the survival of patients with metastasis to these lymph nodes and compared to other distant metastasis.

(대상 및 방법) We analyzed the survival of 435 patients with resection of their gastric cancer. The patients with metastasis to hepatoduodenal, retropancreatic, mesenteric, and paraaortic lymph nodes were 43, 25, 16, and 55. We compared these patients to those with liver and/or peritoneal metastasis.

(결과) The 5 YSR of patients with metastasis to hepatoduodenal, retropancreatic, mesenteric, and paraaortic lymph nodes was 43.7%, 13.0%, 21.0%, and 28.2%. The mean survival time of those patients were 4.81±0.82, 2.17±0.43, 2.79±0.54, and 3.50±0.59 years. The survival of patients with nonregional lymph node metastasis was better than that with liver and/or peritoneal metastasis (p<0.05). The hepatic metastasis was more common in well or moderately differentiated and the peritoneal seeding was more common in poorly differentiated cancers (p<0.001). According to the location of gastric cancer, the metastasis to paraaortic lymph node was more common in upper third cancer, and that to hepatoduodenal lymph nodes was more common in lower third. There were four cases of distant metastasis among T1 cancers, and one was hepatoduodenal lymph node metastasis, one mesenteric lymph node metastasis, one liver metastasis, and one peritoneal seeding.

(결론) This results shows good survival of gastric cancer patients with hepatoduodenal lymph node metastasis, and we suggest to more extended lymphadenectomy than D2 dissection in advanced gastric cancer patients.