

Role of Palliative Surgery in Advanced Gastric Cancer

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Background: The value of palliative surgical resection for incurable gastric cancer is still debatable. We analyzed clinical outcomes of patients who underwent palliative gastric resection to identify the adequate surgical strategies for incurable gastric cancer.

Methods: 1944 patients who underwent surgery for gastric cancer at Department of Surgery, Kangnam St. Mary's Hospital, The Catholic University of Korea from 1989 to 2001 were reviewed retrospectively. Among them 178 patients (9.2%) with advanced gastric cancer who underwent palliative resection were evaluated. Factors of incurability were peritoneal metastasis (P), liver metastasis (H), distant lymph node metastasis (L), irresectability (T).

Results: Mean age was 57.5 years old and male gender was 122 patients (69%). The distribution of incurable factors were P, 92 patients (51.7%); L, 38 patients (21.3%); T, 22 patients (12.4%); H, 14 patients (8.4%), respectively and in 12 patients (7.9%) both P and H factor were involved. The overall median survival was 12 months and was not different with type or number of incurable factors. Eleven of 178 (6.2%) were died of postoperative complication within 30 days after surgery. The perioperative complication was occurred in 20 patients (11.2%); 6 pulmonary infection, 3 intraabdominal abscess, 3 anastomosis leakage, 3 wound infection, 2 duodenal stump leakage, 2 bleeding and 1 renal complication. Of 178 patients, 43 patients (24.2%) had symptoms and signs for obstruction or bleeding. Mean postoperative hospital stays of these 43 patients was 15.9 days and symptom relieved duration was 8.6 months.

Conclusions: Palliative resection of primary tumor for incurable gastric cancer is meaningful in view of survival as well as improvement of quality of life, especially in patients suffered from cancer obstruction or bleeding.