Extended Resection of Locally Advanced (T4) Stomach Cancer

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Abstract

Introduction: The surgical management of locally advanced (T4) stomach cancer remains controversial and many still question the benefits of an extended resection. The aims of this study were to examine the morbidity and mortality associated with extended resection and also to determine the survival benefit.

Materials and Methods: A retrospective review of all stomach cancer operations performed from 1989 to 1998 was carried out and the relevant case histories retrieved and analysed.

Results: Out of the 980 stomach cancer operations performed, 784 (80%) had tumour resection and 20 (2.5%) also had extended resection of adjacent involved organs. These 20 patients had a 10% postoperative morbidity and the operative mortality was 15%. The survival ranged from 2 to 35 months (median 17 months).

Conclusions: Extended resection of T4 stomach cancer is feasible and carries an acceptable operative morbidity and mortality. However, there is poor survival benefit and it should only be performed in a selected group of patients.

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