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Surgical Management of Malignant Intestinal Obstruction: Outcome and Prognostic Factors

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Abstract
Background: Malignant intestinal obstruction is a frequent complication in advanced stages cancer patients. The prognosis is poor, with mean survival rate beneath 3 months. Clinical treatment, endoscopic or surgical procedures are options for malignant intestinal obstruction management. There is no generally accepted management strategy.
Objectives: To evaluate prognostic factors of patients with malignant intestinal obstruction who underwent surgical treatment.
Methods: A retrospective analysis was performed including patients of a single institution with diagnosis of malignant intestinal obstruction. Demographic data, in-hospital stay, postoperative complications, and overall survival were assessed. Logistic regression was used to evaluate associated prognostic factors.
Results: Two hundred thirty-three surgeries were performed due to suspicion for malignant intestinal obstruction over a seven-year period. This diagnosis was confirmed in 210 operations (90.1%). The main causes of malignant obstruction were colorectal (49.5%) and gynecological cancer (21.9%). The rate of severe complications was 11.42%. In-hospital mortality rate was 40.95% (CI 95%: 34.16-47.74%). Functional status impairment,high serum urea, and low albumin levels were associated to higher mortality rate.
Conclusion: Malignant intestinal obstruction implies poor prognosis, with high in-hospital mortality rate and severe postoperative complications. The decision regarding management of malignant intestinal obstruction must be multimodal and individualized, according to individual prognostic factors.
Key words: intestinal obstruction, ascitic fluid, peritoneal neoplasms, palliative care