

Therapeutic Approach in Locally Advanced Colon Tumours (T4NxM0)

- Clinical Experience in 18 Consecutive Cases

M. Marincaş¹, C. Cirimbei¹, V. Prunoiu¹, L. Lucenco¹, R. Buzatu¹, S. Ionescu¹, D. Mihaila², I. Stefan¹, E. Brătucu¹

¹Department of Surgical Oncology, Oncologic Institute, Bucharest, Romania

²Department of General Surgery, Colentina Clinical Hospital, Bucharest, Romania

Abstract

Introduction: Surgery holds a central seat in the treatment of colon cancer, its objective being R0 resection. Chemotherapy and an appropriate oncological follow-up complete the treatment.

Aim: To establish an adequate therapeutic conduct in patients with advanced colon tumours, with no hepatic metastases.

Material and Method: retrospective study on a group of 150 patients with colon neoplasm treated in the First Surgery Clinic of the Bucharest Oncology Institute in Bucharest, between 01/01/2008 -01/03/2013.

Results: 18 patients presented locally extended colon tumours which required multivisceral resections. Patients with hepatic metastases were excluded from the study. The most frequently affected organs were: the small bowel and the internal genital organs, followed by the urinary bladder, spleen, duodenum and diaphragm muscle. Patients were oncologically followed-up according to current protocols and submitted to chemotherapy. When a maximum response was reached in R2 patients or when recurrence occurred in R0 and R1 patients, surgical intervention was required. When necessary, the operation was performed by multidisciplinary teams. 5 patients died due to local recurrence, disease progression, metastatic disease, and also due to comorbidities.

Conclusion: Treatment applied by oncological committees and multidisciplinary surgical teams, along with correct oncological follow-up and surgical reintervention when maximum response to chemotherapy was reached in R2 or when recurrences occurred in R0 and R1 patients represents the adequate therapeutic conduct in patients with locally advanced colon tumours.

Key words: advanced colon cancer, multivisceral resection

Corresponding author: Sinziana Ionescu, MD

Department of Surgical Oncology

Bucharest Oncology Institute

No 27 Ion Campineanu Street, 100024, Bucharest, Romania

E-mail ionescu_sinzy@yahoo.com