

**EVALUATION OF PRELIMINARY RESULTS OF THE COMBINED GASTRECTOMY
FOR LOCALLY ADVANCED STOMACH CANCER*****Melikulov A. X. and Djuraev M. D.**

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ABSTRACT

In the article the immediate results of surgical treatment of 17 patients with locally advanced stomach cancer (LSC), which produced a combined gastrectomy with distal pancreato- and splenectomy. All operated patients were in the stage $T_4N_{0-2}M_0$. Postoperative complications were observed in 5(29,4%), 4 of whom were docked, postoperative mortality was 1 (5,9%) patients.

KEYWORDS: Locally widespread cancer of the stomach, combined gastrectomy, distal pancreato- and splenectomy.

BACKGROUND

Despite the steady trend of recent decades to reduce morbidity, local stomach cancer (LSC) today firmly occupies one of the leading places among malignant tumors. One of the main problems of LSC is that the majority of patients are admitted to specialized medical institutions with a locally widespread process, when the tumor sprouts into nearby organs and tissues, as well as the fact that the operation is more often conditionally radical, which can not positively affect the indicators of long-term survival.^[1] Currently, it is believed that the results of treatment of LSC can be improved by the use of more aggressive combined operations, the main indication for which is visually determined by the germination of gastric tumors in neighboring organs in the absence of distant metastases and dissemination of the tumor in the abdominal cavity.^[2] Among combined surgery for locally advanced disseminated gastric cancer (LSC) the most common are gastrectomy with splenectomy and gastrectomy with distal pancreato- and splenectomy.^[3,4]

The aim of the study was to evaluate the immediate results of combined gastrectomy with distal hemiparetic and splenectomy in LSC.

MATERIAL AND METHODS

We studied the immediate results of surgical treatment of LSC 17 patients undergoing gastrectomy combined with distal pancreato- and splenectomy, treated in the 2017-2019. in the Department of abdominal surgery of the Samarkand branch RSSPCO&R. Most of the operated patients were men – 11 (64,7%), aged 50-70 years (average age $67 \pm 2,3y$); on the histological structure of the tumor are mainly found in adenocarcinoma varying

degrees of differentiation, which amounted to 70,6%, «skirr» cancer and 11,7%, signet ring cell and 17,7% of patients. All patients at the preoperative phase of a clinical-laboratory examination according to the standard diagnosis, the stages they correspond $T_{4b}N_{0-2}M_0$; localization of the tumor in the stomach in 70,6% of patients - the body and proximal parts with invasion into the caudal part of the pancreas, 29,4% of the total defeat and germination partly in the body and tail of the pancreas. All patients had gastric bleeding of varying intensity, which was an indication for surgery without non-adjuvant chemotherapy.

DISCUSSION

It is generally recognized that a well-developed technique of surgical intervention in LSC allows to achieve satisfactory immediate results regardless of the volume of the operation performed. In 17 patients after laparotomy abdominal cavity revision was performed with the exception of dissemination and carcinomatosis. The technique of gastrectomy was standard methods. After mobilization of the greater curvature of the stomach and determine the extent of tumor invasion into the body and tail of the pancreas was performed mobilization of the rear wall of the pancreas within the healthy tissue with the capture on the turnstile and subsequent ligation of the splenic artery and vein individually during the pancreas. The proximal part of the mobilized pancreas is sutured with the help of the UO-60 apparatus, followed by treatment of the pancreas stump with continuous atraumatic sutures, mobilization of the distal part of the pancreas and spleen, removing the tumor in one block.

In the postoperative period, the main attention was paid to the appointment of antibacterial therapy, the use of enzyme inhibitors and drugs that reduce pancreatic secretion.

The number of postoperative complications after surgery was observed in - 5(29,4%) patients, 1(5,9%) - pulmonary thromboembolism (PTE), 1(5,9%) - pancreatic fistula, which closed independently within 4 weeks, 1(5,9%) - chronic pancreatitis with subsequent development of diabetes; therapeutic complications were presented of bronchopneumonia and heart rhythm disorders 2(11,8%) patients who were eliminated conservative.

It is known that postoperative mortality occupies a special place among the many factors that determine the feasibility of treatment. Postoperative mortality was 5,9%, which was due to PTE and occurred in 1 patient.

CONCLUSION

Thus, it must be emphasized that combined gastrectomy with distal pancreateo- and splenectomy in the surgical treatment of the LSC does not increase the number of postoperative complications, and compare their character with the standard partial gastrectomy. Carrying out this operation in patients with LSC is a method of choice, providing radical surgical treatment, which in turn helps to reduce the number of postoperative recurrences, improve long-term results with significant survival.

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