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ABSTRACTS

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has been shown to be safe and applicable in patients with unresectable hepatic tumors. The objective of this study was to review the role of radiofrequency ablation (RFA) in the treatment of liver metastases in colorectal malignancy.

Methods: Data of 78 patients with colorectal liver metastases treated for cure with hepatic resection \pm RFA between January 2009 and August 2014, was performed retrospectively

Results: Of 78 patients treated, 32 (%41) underwent resection only, 24 RFA + resection (%31), 14 RFA only (%18), and 8 laparotomy with biopsy (% 8). RFA was used in operative candidates who could not undergo complete resection of disease. Overall survival rate was highest after resection (%52), RFA + resection(%63) and RFA only were (%24) respectively. Survival for "unresectable" patients treated with RFA + resection or RFA only was greater than patients who applied chemotherapy only.

Conclusion: These data provide evidence that when complete resection cannot be achieved, selective use of RFA can keep a modest survival benefit over chemotherapy solo for patients with colorectal metastases limited to the liver. Although patient selection for RFA was based on known risk factors, potential morbidity and patient BMI for survival is the most important factors for surgical process.

GastroIntestinal Stromal Tumours (GIST) presenting as Gastrointestinal haemorrhages

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Background: To highlight the need to suspect a GIST in patients presenting acutely with gastrointestinal (GI) haemorrhages and anaemia. GISTs are the most frequent mesenchymal neoplastic lesions and affect mostly the stomach (60%) and the small bowel (20%).

Methods: this is a case series of patients presenting to an Accident and Emergency Department following GI haemorrhage and anaemia.

Results: Two female and one male patients, across all age ranges will be presented. All presented with acute haemorrhage, anaemia and fatigue. Esophageal and gastric endoscopy was not conclusive for diagnosis, however CT and histology allowed a correct diagnosis. Two cases were treated with laparoscopic surgery, whilst the third was treated using open surgery due to the size of the tumour. On histological exam two of the three patients had non-aggressive tumours ($\leq 5/50$ HPFs). Immunoassays showed that all three were positive to CD117 and CD34.

Conclusions: Although GISTs are uncommon and often asymptomatic, and present with non-specific symptoms, which correlate to tumour size. Incidentalomas are common. The prognostic factors of survival in these neoplastic lesions are tumor size and mitotic index expressed as mitoses per high-magnification field.

GISTs should be considered as a differential diagnosis in patients with acute or chronic GI haemorrhage, given that GI bleeding is the most common presenting symptom due to ulceration of the mucosa for tumor growing.

ESOPHAGEAL STENTING BY SELF EXPANDING METALLIC STENTS

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Background: Esophageal stents are utilized to treat malignant or benign esophageal strictures, fistulas, perforations, and anastomotic leaks. Stent placement usually requires both endoscopic and fluoroscopic guidances. Most stents are placed distally and across the gastroesophageal junction.

Materials and Methods: Esophageal stenting was performed in 26 patients with different pathologies of the esophagus: In 22 cases due to irresectable esophageal cancer and proximal gastric malignancies. In 15 cases from those 22 - carcinoma was located in the middle and distal portions of the esophagus without cardiac involvement. in 7 cases cancer spread involved as the esophagus as stomach. Stenting was utilized for closure of: leaks (2 patients after B-2 gastrectomy and sleeve gastrectomy); bronchoesophageal fistula (1); duodenal fistula (1 - after gunshot wound). In all cases covered stents were used (Wilson-Cook Z-stent or ELLA HV Plus, Hanaro stents and Danish seal for fistula closure. Antireflux valve stents for prevention of after stenting GERD). All interventions were performed under i.v or general anesthesia.

Results: no complications. In 1 case stent migrated into the stomach which was fixed on the other day by special stent-extractor device. All fistulas were closed in 2-12 week period.

Conclusion: Esophageal stenting by covered stents should be considered as an effective mini invasive method of choice in the treatment of esophageal malignant and benign strictures and perforation.

Condition of mucous membrane in periulcer area and endocrine system in patients suffering from hemorrhaging gastric duodenal ulcer.

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Materials and Methods of study: Complex research of 35 patients suffering from hemorrhaging ulcer of stomach and duodenum has been carried out in the Center of Stomach-Intestinal Hemorrhages in Dnipropetrovsk Clinical Unit of Ambulance of Dnipropetrovsk Regional Hall.

Result and discussions: Profound clinical, microbiological, immunohistochemical and chromatic mass spectrographic examination of patients with hemorrhaging stomach and duodenum has been carried out. In these patients increased activity of NO-synthase has been determined along increase of catecholamine and serotonin levels in blood serum. These changes are most expressed in cases of severe blood loss, unstable local endoscopic hemostasis with high risk level of relapsing hemorrhage. The received data enable to predict character of the course of a pathological process and improvement of the treatment program.

Conclusions: The manifested increase in catecholamine level is observed in cases of severe blood loss, endoscopic picture of unstable local hemostasis with high risk level of relapsing hemorrhage (in the area of defect clotted vessel is determined).

Linear dependence between i-NOS activity level in periulcer area and level of serotonin in blood serum is revealed - in case

of manifested activity from 39.5 ± 16.3 nmol/l at arrival at the in-patient department to 48.8 ± 15.3 nmol/l on the third day of treatment ($P < 0.05$).

The provided data enable to predict the course of pathological process and improve treatment program for patients suffering from hemorrhaging gastric-duodenal ulcer.

Keywords: ulcer of stomach and duodenum, relapse of gastric-duodenal hemorrhage, periulcer area.

Outcomes of balloon dilatation applying in the therapy of patients who have achalasia disease

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Background & Aims: The diagnosis of achalasia has been vague for hundred years. Also there has been dark in the etiology of this illness. The symptomatic evaluation of patients who have been achalasia focuses on frequency of regurgitation, dysphagia, weight loss, retrosternal pain and pressure. Achalasia is treated by either forceful balloon dilatation or surgical myotomy. Esophageal dilation for achalasia involves the forceful disruption of the lower esophageal sphincter (LES). This is usually completed between 30- 40 mm diameter pneumatic balloon dilators. Balloon dilatation is the classical approach to the achalasia inception treatment. Different and new types of dilatation is also applied to rise in efficacy. We want to declared the outcomes of dilatation applying in achalasia patients.

Methods: Of 7 Patients who were diagnosed and underwent balloon dilatation over 2 years period were determined retrospectively. Dormicum has performed by intravenously for pre-medication before the application, Dilatation was performed according to the verge value of pain, while positioning of dilator has done in endoscopic control.

Results: We evaluated retrospectively the data of 7 patients with Achalasia during the years between March 2012 to August 2014. The mean age was 41.7 years (range 18 to 68). There were 4 (%57) males and 3 (% 43) female patients were diagnosed in this period. Better results were detected in 5 (%71) patients, however of 2(%29) patients lower result detected because of low tolerance rate and sever stenosis. There was no difference in dilatation efficacy regarding gender of the patients, however the results were better in the patients upper 40 years old. None of the patients had complicated. We have performed upper gastrointestinal system endoscopy repeated in 3 patients therefore healing and evaluation of width lumen. There have been no mortality determined in our cases.

Conclusions: Treatment of achalasia disease has various methods. Dilatation is one of the most effective processes therein. Balloon dilatation can be suggested for inception method due to high potency, feasible, shorter time stay in hospital after the process in advance clinics.

Which of your choice Laparoscopic or open surgery?: Comparison of outcomes in gastrectomy procedures

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Background: Gastric cancer, it remains a major health problem as the fifth most seen malignancy in today's world. Surgery is main objective in the treatment of gastric malignancy. Laparoscopic gastrectomy (LG) is feasible and applicable method for gastric surgery. The aim of our study was to evaluate the patients who had operated by laparoscopically gastrectomy retrospectively.

Methods: Of 25 patients were operated with gastric cancer laparoscopically between the years April 2012 to January 2015, of 11 (%44) patients operated by laparoscopy radical gastrectomy (LG) while 14 patients with conventional open gastrectomy also (OG) of 21 patients have performed with D2 dissection (DG). Endpoints are included by quality of oncological resection with regard to lymph nodes dissection, postoperative complications and mortality. We evaluated the society of patients by the criteries of morbidity, length of stay in hospital, operation time, bleeding blood volume and complications.

Results: There were 25 patients operated due to gastric cancer, gender of the patients were of 15 patients (%60) male and of 9 patients (%40) female. The mean age was 48.3 (range 26 to 82). When we compared the OG and LG groups operation period, bleeding volume are similar in both groups. The difference between the groups were especially in morbidity, length of stay in hospital and complications. In the OG group, these criteries rates were higher than the LG group because of long staying time and more exposure to infectious organism. Also in the group of DG morbidity rates were higher than the other groups due to width of dissection sites and precision. The number of lymph nodes of the OG group and LG group was similar (range 28 to 35) vs (range 31 to 38), and the difference was no significant ($P > 0.05$). There were some post-operative complication happened in the OG group like wound site infection, hernia, seroma on the other hand in LG group only port site infection has seen in the postoperative period. The individual rate of recurrence, metastasis and mortality of the LG group and OG group were evaluated by which the differences were no significant ($P > 0.05$).

Conclusion: Compared with open versus laparoscopic gastrectomy is safe and feasible with minimal incision site, less bleeding and better amelioration time. The rate of recurrence, metastasis and mortality are not remarkable increase in a short period

A RARE AND PREMALIGNANT PATHOLOGY OF ESOPHAGUS: ESOPHAGEAL MELANOCYTOSIS

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