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Emergency Colonic Resection in patients with Colon Cancer who didn´t know where carriers, Experience in a Third Level Reference Hospital in Mexico.

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INTRODUCTION

The colon is one of the intra-abdominal organs that require surgical management to resolve a large part of the pathologies it develops. Emergency colonic resection is mostly due to low intestinal occlusion, perforation, bleeding or ischemia that does not respond to conservative management or minimally invasive therapies. The main causes of low intestinal occlusion are colon cancer in 60 to 70% of cases, diverticular disease in 15 to 20% and sigmoid or cecal volvulus in 10 to 15% of cases. Only 1 to 2% of cases of low intestinal occlusion evolve to a perforation. In the literature, it is reported that in 15% of emergency colonic resections were colon cancer, in which, the patient was not previously known as carrier.

OBJECTIVE

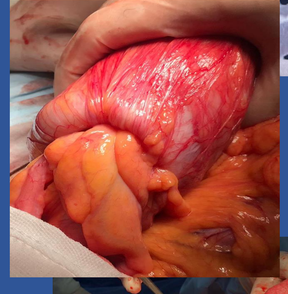
The objective of this study is to know the frequency of emergency colonic resection for colon cancer in patients who were not known as carriers between 2017 to 2021.

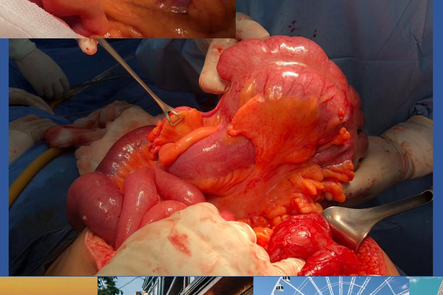
MATERIAL AND METHODS.

The objective of this study is to know the frequency of emergency colonic resection for colon cancer in patients who were not known as carriers between 2017 to 2021.

We included 150 patients in this study, who underwent emergency colonic resection in the OR, between 2017 to 2021 at a third level reference hospital in Mexico City by general surgeons.







RESULTS.

In this study, 11 patients with Colon Cancer were found, which corresponds to 7.3%. 40% were women and 60% men. 90% of colon cancer cases worldwide appear in people over 50 years of age. Regarding the age of the patients in this study, a range of 30 to 75 years was obtained, with an average age of 49 years and 54.5% (6 patients) over 50 years. 100% of the patients in this study presented with diagnosis of intestinal occlusion, which agrees with literature where it is mentioned that 1 to 2% are due to hemorrhage, 3 to 10% as perforation and 8 to 40% with occlusion.

CONCLUSIONS.

It was concluded that the frequency of colon cancer in emergency colonic resection in patients who didn't know were carriers is very low in our hospital, most patients were in an advanced clinical stage, they debuted with intestinal occlusion due to adenocarcinoma, in most of them R0 resection could have been performed and the segment more affected is sigmoid. The most frequent post-surgical complication is anastomosis leak and hospital stay is short in most patients. The pathology that requires emergency colonic resection in most cases is the complicated diverticular disease.

REFERENCES.

1. Chen, TM., Huang, YT. & Wang, GC. Outcome of colon cancer initially presenting as colon perforation and obstruction. World J Surg Onc 2017 Aug, 15 (5): 164-74
2. Pisano M., et.al. WSES guidelines on colon and rectal cancer emergencies: obstruction and perforation. World J Emerg Surg. 2018. Aug, 13(1):13-36.
3. Moore LJ, Turner KL, Jones SL, Fahy BN, Moore FA. Availability of acute care surgeons improves outcomes in patients requiring emergent colon surgery. Am J Surg. 2011 Dec;202(6):837-42.
4. Aquina CT, Becerra AZ, Xu Z, Boscoe FP, Schymura MJ, Noyes K, Monson JRT, Fleming FJ. Nonelective colon cancer resection: A continued public health concern. Surgery. 2017 Jun,161(6):1609-1618.
5. Otani K, Kawai K, Hata K, Tanaka T, Nishikawa T, Sasaki K, Kaneko M, Murono K, Emoto S, Nozawa H. Colon cancer with perforation. Surg Today. 2019 Jan, 49(1):15-20.

