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A 5 YEARS DISEASE-FREE SURVIVAL IN LOCAL ADVANCED GASTRIC CANCER POST TOTAL LAPAROSCOPIC TOTAL GASTRECTOMY WITH D2 LYMPHADENECTOMY IN NCI OF THAILAND: A CASE REPORT

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Preferred presentation method: Poster Exhibition only

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Introduction: Minimally invasive surgery for gastric cancer is increasingly being performed in tertiary centers. Successful of procedure can determine by long term therapeutic outcome. Disease-free survival (DFS) In cancer, the length of time after primary treatment for a cancer ends that the patient survives without any signs or symptoms of that cancer is used to see how well a treatment works.

Laparoscopic Gastrectomy for gastric cancer in NCI of Thailand was developed for 6 years. Successful of the procedure can determine by having a 5yrs-DFS case Laparoscopic Gastrectomy for gastric cancer in NCI of Thailand was developed for 6 years. Successful of the procedure can determine by having a 5yrs-DFS case.

Materials & Methods: In National cancer institute of Thailand, laparoscopic gastrectomy for gastric cancer patient was introduced in October 2010. We retrospective reviewed our 6-year experience with total laparoscopic gastrectomy for gastric cancer cases. We identified a case of 5 years DFS (disease-free survival) and 3 cases of 3 years-DFS gastric cancer cases from overall 28 cases.

Results: From October 2010 to December 2016, 28 patients underwent laparoscopic gastrectomy for gastric cancers. We performed a pure or total laparoscopic gastrectomy with intra-corporeal anastomoses for all patient. Without conversion, no operative mortality, no anastomotic complication such as leakage or stricture, no postoperative hemorrhage and no re-operation found in our series.

A female of 50 years old with gastric cancer, stage IIIb at mid body part, underwent TLTG with Roux En Y esophagoscope-J pouch jejunotomy with temporary feeding jejunostomy at January 04, 2011. Pathological diagnosis was "poorly differentiated adenocarcinoma, signet ring cell type, size approximately 7 cm in greatest dimension, tumor invades to serosa, presence of perineural invasion, presence of carcinoma at shaved distal (duodenal) margin, metastatic carcinoma in 6 out of 26 lymph nodes (6/26)". Adjuvant chemoradiation therapy was introduced. 6 months-interval surveillance with CT scan performed and neither local recurrence nor metastasis found until now.

Conclusion: For total gastrectomy which much more complicated than distal gastrectomy if operated with total laparoscopic surgery, we can performed with safe and satisfying outcome. Because of limitations of time we operated with total laparoscopic gastrectomy for cancer and low incidence of gastric cancer in Thailand, number of cases are not enough for statistical data.

Disclosure of Interest: None Declared

Keywords: GASTRECTOMY, GASTRIC CANCER, Laparoscopic surgery