Секция «Клиническая медицина»

Laparoscopic pelvic exenteration in women

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Introduction. According to the WHO, up to 12 million newly diagnosed malignant tumors are recorded in the world every year, among which 16% of the formations are located in the pelvic area. When the involved pelvic organs form a single tumor conglomerate and it is impossible to provide the necessary radicalism with resection along the border of healthy tissues, the only possible and oncologically substantiated radical intervention is the evisceration of pelvic organs [1-5].

Aims. The study aimed to identify the advantages and disadvantages of laparoscopic pelvic evisceration in women.

Methods. From 2011 to 2017, 14 women underwent laparoscopic eviscerations (mean age 59.79 ± 8.5). Of these: 4 patients with cervical cancer, 4 patients with bladder cancer, 3 patients with rectal cancer, 3 patients with a recurrent cervical cancer of the vaginal stump following hysterectomy. The most common complaints were blood in stool, vaginal bleeding, constipation, pelvic pains, weakness, and sharp weight loss. Most patients had anemia, agranulocytosis and lymphocytosis. When lower urinary tract was involved in the tumor process, urea and creatinine levels increased.

All patients underwent evisceration of the pelvic organs. Of these: 6 patients underwent total eviscerations (3 for recurrent cervical cancer of the vaginal stump and germination of the rectum and bladder; 1 for rectal cancer with germination of the uterus and left ureter, 2 for bladder cancer with germination in uterus and rectum, complicated by two fistulas: between bladder and small intestine, and vagina and large intestine); 5 underwent anterior evisceration (3 for bladder cancer with vaginal and cervical involvement, 2 for cervical cancer with germination of the bladder); 3 underwent posterior evisceration (1 for cervical cancer with germination in the rectum, 2 for rectal cancer involving the uterus in the tumor). In 2 patients primary anastomosis was formed with a circular stapler. For urine derivation, all patients underwent Bricker operation; to derive feces, terminal colostomy was formed.

Results. Surgery duration was 228.93 ± 70 minutes, intraoperative blood loss was 295 ± 117 ml, postoperative stay was 8 ± 3. Complications according to the Clavien-Dindo were observed, such as operating wound suppuration (1 patient), genitourinary tract infection (4 patients), ventral hernia (1 patient). Follow-up period was 6-28 days. In the postoperative period, all patients received chemotherapy and/or chemoradiotherapy. 12 months after the operation, two patients with no relapses underwent reconstructive laparoscopic colostomy reversal.

Conclusions. In comparison with open operations, laparoscopic surgery is associated with significantly less intraoperative bleeding, shorter period of hospital stay, and a lower incidence of early postoperative complications.

Источники и литература

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Иллюстрации

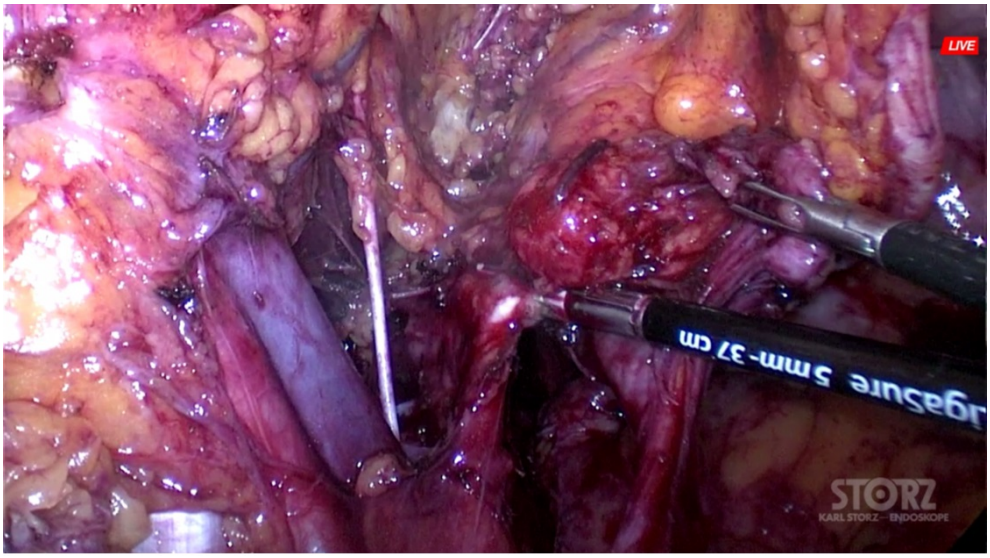

Рис. 1. En-bloc removal lymph nodes

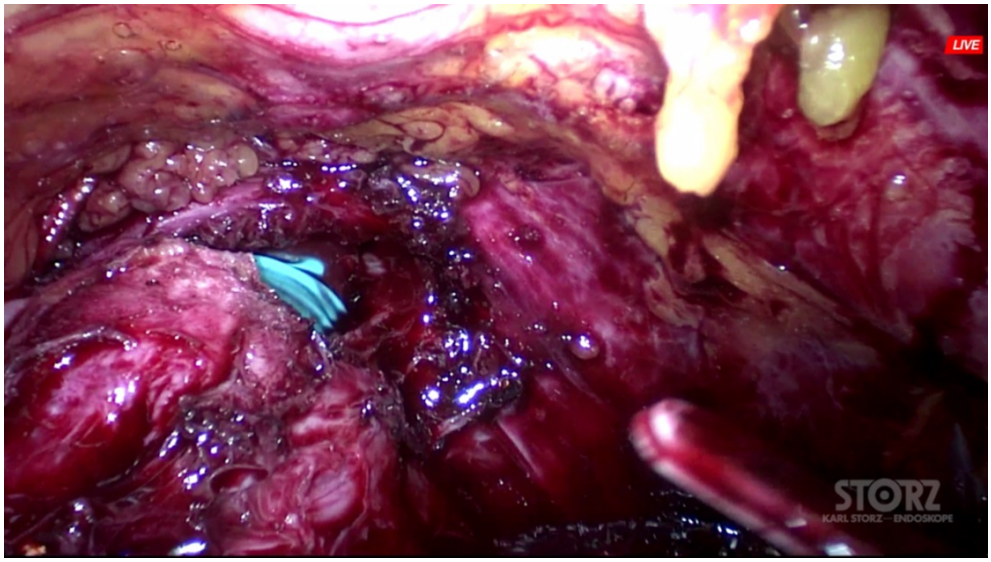

Рис. 2. En-bloc removal of the bladder, uterus with appendages, upper third of the vagina in anterior evisceration

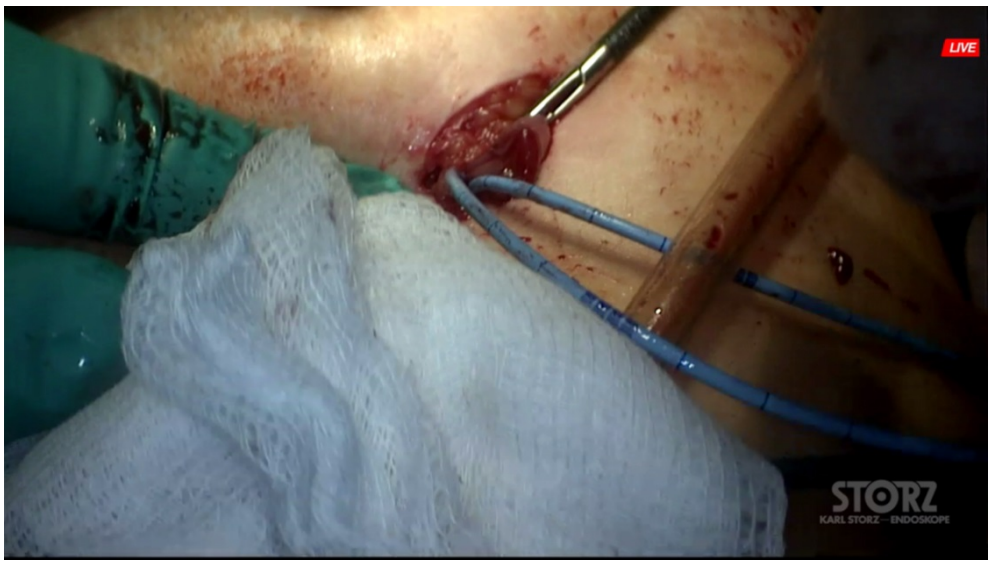

Рис. 3. Urinestomy for derivation of urine