

Outcome of resection of gastric cancer with distant metastases

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Aims: To examine the outcome of resection in cases of gastric cancer with distant metastases.

Method and Material: The survival rates of one hundred and eight patients who had undergone resection for primary carcinomas of the stomach, and who had distant metastases according to the TMN classification were studied.

Results: The 5-year survival rates for patients with metastases to the peritoneum or group 3 nodes were 8.9% and 15.3% respectively and were significantly higher than the survival rates for patients with metastases to the liver (0%), to group 4 nodes (2.2%) or to more than one site among the liver, lymph nodes and peritoneum (3.5%). The 5-year survival rates for patients with metastases to the peritoneum and n3 nodes increased significantly to 29.45 and 24.2% respectively, when curative surgery was performed.

Conclusions: The present study suggests that metastases to the adjacent peritoneum or group 3 nodes have a greater chance of being cured using radical surgery and that gastrectomy with extended lymphadenectomy (D2-D3) may be used for advanced gastric cancer if there is no gross evidence of metastasis to the distant peritoneum, liver or group 4 nodes.