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The St Constantin Hospital's initial experience with CRS-HIPEC

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ABSTRACT

Introduction: Cytoreductive surgery (CRS) in combination with hyperthermic intraperitoneal chemotherapy (HIPEC) is a spreading technique for the treatment of peritoneal carcinomatosis, a technique that is associated with high morbidity and mortality rates. We report retrospectively the experience of St Constantin Hospital Brasov, underlining the good results obtained in terms of both reduction of complications and oncologic outcome.

Methods: Between Juin 2013 and October 2015, 32 patients with a median age of 55.6 years, underwent 34 CRS-HIPEC combined procedures.

Results: CCR-0 resection was achieved in 19/34 of patients, CCR-1 in 8/34 of patients and CCR-2 in 7/34 of patients, with a median operative time of 560 minutes (range 400-620 minutes). Median hospital stay was 9 days(4 days in laparoscopic HIPEC-20 days). Total morbidity rate was 40%, with WHO grade 3 and 4 morbidity rate 0 and the 30 days mortality was 0. With a median follow up of 11.8 months, the overall survival (OS) rate was 62%. Gastrointestinal (GI) origin in contrast with ovarian origin and peritoneal cancer index (PCI) higher than 19 showed a worst prognosis in terms of both OS and Progression Free Survival (PFS).

Conclusions. In a referral surgical oncology centre, CRS-HIPEC related perioperative mortality and morbidity can be reduced with a multidisciplinary patient management and a correct patient selection for this procedure. Our single centre retrospective series confirm the advantage in PFS and OS of the combined treatment CRS-HIPEC in the management of peritoneal carcinomatosis.

Key words: HIPEC, cytoreductive surgery