Surg. Gastroenterol. Oncol. 2021;26(3):191-195 DOI: 10.21614/sgo-26-3-287

Primary Tumor Resection is a Powerful Predictor of Long-term Outcome of Left-side Obstructive Colorectal Cancer

Hidejiro Kawahara[1], Nobuo Omura[2], and Tadashi Akiba[1]
[1]Department of Surgery, Kashiwa Hospital, Jikei University School of Medicine, Chiba, Japan
[2]Department of Surgery, Nishisaitama-chuo national Hospital, Saitama, Japan

Abstract
Background: Stent placement and per anus ileus catheterization have important roles as a bridge to surgery for patients with left-side obstructive colorectal cancer (OCC). However, a predictor of the long-term outcome of left-side OCC has not been elucidated.
Methods: Between 2001 and 2017, 40 patients with left-side OCC, 80 years of age or younger, who underwent emergency surgery at Kashiwa Hospital, Jikei University, were enrolled into this retrospective study. We compared 24 patients undergoing primary tumor resection with temporary colostomy with 16 patients undergoing only the creation of the decompression colostomy without primary tumor resection as the first operation.
Results: Three of 16 patients (19%) who underwent only the creation of colostomy as the first operation could undergo the primary tumor resection as the secondary operation a month after the first operation. The other 13 patients who could not undergo the primary tumor resection received intensive chemotherapy consecutively. The 5-year survival rate of the patients with primary tumor resection as the first operation was 56.5%, whereas that of patients with only the creation of colostomy as the first operation was 18.8% ($p<0.001$). The fact that the primary tumor resection could not be performed was an independent risk factor by multivariate analyses ($p=0.002$).
Conclusion: Primary tumor resection is a powerful predictor of long-term outcome of left-side OCC.
Key words: obstructive colorectal cancer, primary tumor resection, predictor, stoma