Results of curative gastrectomy for carcinoma of the distal third of the stomach

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摘要

Abstract

BACKGROUND: Carcinoma of the distal stomach metastasizes to lymph nodes along the bile duct, pancreatic head, and duodenum. We reviewed the results of patients who underwent operation for carcinoma of the stomach, and placed special emphasis on survival related to lymph node metastasis. STUDY DESIGN: We conducted a prospective study of 258 consecutive patients with adenocarcinoma of the distal third of the stomach who underwent curative gastrectomies. RESULTS: Most of the patients (193 [75 percent]) had advanced cancer (extension beyond the submucosa). A subtotal gastrectomy was the procedure most commonly performed (89 percent). Combined organ resection was performed in 100 patients (39 percent). The operative morbidity was 17 percent; the most frequent complications were chylous leakage, anastomotic insufficiency, and intra-abdominal infection. Ninety-four patients (36 percent) had tumor recurrence, with local recurrence occurring in 45 patients. In 40 of the 45 cases, the local recurrence resulted from remnant lymph nodes (LNs), or soft tissues in the gastric bed. Lymph node metastases were observed in 152 patients (59 percent). Excluding five patients (2 percent) who died, the overall five-year cumulative survival rate was 53 percent. The five year survival rate was 98 percent for patients with TNM stage I disease; 68 percent for patients with stage II disease; 40 percent for patients with stage III disease; and 10 percent for patients with stage IV disease. The survival rate for patients with n0, n1, n2, and n3 disease was respectively 92 percent, 45 percent, 30 percent, and 20 percent. For patients with metastatic LNs in the hepatoduodenal ligament, the five-year survival rate was 20 percent. CONCLUSIONS: These data suggest that survival rate relates to the extent of LN metastasis. It appears that systematic lymph node dissection may have a beneficial effect. However, the efficacy of radical lymph node dissection can only be determined by prospective, randomized clinical trials with a proper study design.