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RESEARCH ARTICLE

COMBINATION OF GASTRIC CANCER AND MULTIPLE DIVERTICULA OF THE SMALL BOWEL AND COLON.

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Abstract

Aim:- Improving the preoperative diagnosis of small bowel and colon diverticula to improve the results of surgical treatment.

Material and Methods:- The case of massive small bowel and colon diverticulosis at a 77 years-old patient with the cancer of the stomach was presented.

Results and Discussion:- 77 years-old patient underwent a Billroth II subtotal gastrectomy with antecolic anastomosis. The feature of the operation was the imposition of gastrointestinal and Braun's type anastomoses in the narrow antimesenteric edge of empty bowel, free of diverticoules, instead of in the typical place located to the median from this edge.

Conclusions:- Rare cases of small intestinal and colon diverticulosis and vague clinical symptoms determine the severity of early diagnosis, and thus can create unexpected technical difficulties in surgical procedures.

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Aim:-

Improving the preoperative diagnosis of small bowel and colon diverticula to improve the results of surgical treatment.

Material and Methods:-

The case of massive small bowel and colon diverticulosis at a 77 years-old patient with the cancer of the stomach was presented.

Introduction:-

First diverticula of the small intestine described in the literature distinguished English surgeon and anatomist August Astley Cooper in 1804 [2]. Diverticulosis of small intestine – a rare condition [8], the flow of which in most cases are asymptomatic or minor symptoms (abdominal bloating and discomfort of varying intensity and frequency) noted nearly a third of all patients [11, 12]. These symptoms are not specific and do not help the clinician to diagnose diverticulosis. Other symptoms appear only after the appearance of complications of diverticulosis, so it is rarely diagnosed clinically and often only when surgeries (both accidental discovery), endoscopic and radiological studies [8, 9]. Diverticula can cause a number of different complications – diverticulitis, perforation of the diverticulum (spontaneous, post-traumatic, foreign body) with peritonitis, ileus, intestinal bleeding [5], overdevelopment of microflora (dysbiosis), malabsorption, lack of vitamin B12 [3, 11, 8]. Among all patients dominated by men (2/3 cases) [4, 10]. At a massive diverticulosis of the small intestine may have associated symptoms of chronic intestinal obstruction due to hypertrophy, dilatation i diverticulum wall of the affected bowel segment, like changes in the bowel with prolonged mechanical obstruction [6]. No complications occur only in 61% of patients, 10-15%

condition requires surgery [3]. Surgical treatment is performed for complications – and aimed at addressing urgent condition [5]. Described primary carcinoma in the diverticulum of the duodenum, small adenocarcinoma G4 mesenteric diverticulum edge jejunum, removed 15 cm of jejunum diverticulum leiomyosarcoma G1 [3], colon cancer, diverticulosis preceding jejunum [8]. We have not found any literature sources described the combined malignant neoplasms of the stomach with a massive diverticulosis of small and large intestine [1, 7].

Results and Discussion:-

77 years-old patient has been hospitalized in the department of abdominal surgery Lviv state regional oncological diagnostic and medical centre (LSRODMC) for gastric antrum cancer T3N0M0G2, stage IIa. Multiple diverticula are mostly in the elderly, the peak incidence occurs in age from 60 to 70 years [4]. All necessary examinations including fibrogastroduodenoscopy and colonoscopy were performed at the outpatient department. Polypoid growth tumor with clear demarcation to 7-10 cm in diameter was revealed in the lower third of the gastric body on a large curvature [10]. The biopsy was taken. Histologically it was dark cell papillary adenocarcinoma of moderately differentiated grade. In the duodenal bulb and retrobulbar pars were not found any pathological lesions. At the same time multiple diverticula to 0.9 cm in diameter and colon dyskinesia was a result of colonoscopy. 08.05.2007 the patient was operated by using general endotracheal anesthesia. Subtotal distal gastrectomy with antecolic anastomosis. (for Billroth II with interintestinal anastomosis after Braun) has been performed. During laparotomy we revealed massive diverticulosis of the small intestine. The feature of the operation was the imposition of gastrointestinal and Braun's type anastomoses in the narrow antimesenteric edge of empty bowel, free of diverticulae, instead of in the typical place located to the median from this edge. Early postoperative period lasted without any complications. The wound healed by primary intention and stitches removed in 10 days. A patient was discharged in satisfactory condition for 15 days under the follow up by oncologists. During this period the patient was in the 3rd clinical group which means practically healthy person.

Conclusions:-

Rare cases of small intestinal and colon diverticulosis and vague clinical symptoms determine the severity of early diagnosis, and thus can create unexpected technical difficulties in surgical procedures.

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