



Qui meurt après une néphrectomie pour cancer ? Étude des facteurs de risque de décès, des causes de décès et des réunions de morbi-mortalité (étude UroCCR-33)

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Résumé en
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BACKGROUND AND METHODS: Nephrectomy is the treatment for renal cell cancer from T1-4 tumors but remains at risk. To determine the thirty-day mortality rate after nephrectomy for cancer and to identify causes and risk factors of death in order to find clinical applications. From 2014 to 2017, we performed a retrospective multicentric analysis of prospectively collected data study involving the French network for research on kidney cancer (UroCCR). All patients who died after nephrectomy for cancer during the first thirty days were identified. Patients' characteristics, causes of death and morbidity and mortality reviews reports were analyzed for each death.

RESULTS AND LIMITATIONS: In total, 2578 patients underwent nephrectomy and 35 deaths occurred. The thirty-day mortality rate was 1.4%. In univariate analysis, symptoms at diagnosis ($P=0.006$, OR=2.56 IC (1.3-5.03)), c stage superior to cT1 ($P<0.0001$, OR=6.13 IC (2.8-13.2)), cT stage superior to cT2 ($P<0.0001$, OR=8.8 IC (4.39-17.8)), nodal invasion ($P<0.0001$, OR=4.6 IC (1.9-10.7)), distant metastasis ($P=0.001$, OR=4.01 IC (1.7-8.9)), open surgery ($P<0.0001$, OR=0.272 IC (0.13-0.54)) and radical nephrectomy ($P=0.007$, OR=2.737 IC (1.3-5.7)) were risk factors of thirty-day mortality. In a multivariable model, only cT stage superior to T2 ($P=0.015$, OR=3.55 IC (1.27-10.01)) was a risk factor of thirty-day mortality. The main cause of postoperative death was pulmonary ($n=15$; 43%). The second cause was postoperative digestive sepsis for 7 patients (20%). Only 2 morbidity and mortality reviews had been done for the 35 deaths. Limitations are related to the thirty-day mortality criteria and descriptive study design.

CONCLUSIONS: Symptomatic patients, stage cTNM and type and techniques of surgery are determinants of thirty-day mortality after nephrectomy for cancer. The first cause of postoperative death is pulmonary. Morbidity and mortality reviews should be considered to better understand causes of death and to reduce early mortality after nephrectomy for cancer.

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