



Right-sided vs. left-sided obstructing colonic cancer: results of a multicenter study of the French Surgical Association in 2325 patients and literature review

Submitted by Stéphanie Pinot on Wed, 06/12/2019 - 14:35

Titre	Right-sided vs. left-sided obstructing colonic cancer: results of a multicenter study of the French Surgical Association in 2325 patients and literature review
Type de publication	Article de revue
Auteur	Mege, Diane [1], Manceau, Gilles [2], Beyer, Laura [3], Bridoux, Valérie [4], Lakkis, Zaher [5], Venara, Aurélien [6], Voron, Thibault [7], De Angelis, Nicolas [8], Abdalla, Solafah [9], Sielezneff, Igor [10], Karoui, Mehdi [11]
Organisme	AFC (French Surgical Association) Working Group [12]
Editeur	Springer
Type	Article scientifique dans une revue à comité de lecture
Année	2019
Langue	Anglais
Date	Juin 2019
Numéro	6
Pagination	1021-1032
Volume	34
Titre de la revue	International Journal of Colorectal Disease
ISSN	1432-1262
Mots-clés	colonic obstruction [13], emergency surgery [14], Left-sided obstructing colon cancer [15], National database [16], Right-sided obstructing colon cancer [17], Survival [18]

PURPOSE: Few studies compared management and outcomes of obstructing colonic cancer (OCC), according to the tumor site. Our aim was to compare patient and tumor characteristics, postoperative and pathological results, and oncological outcomes after emergency management of right-sided vs. left-sided OCC.

METHODS: A national cohort study including all consecutive patients managed for OCC from 2000 to 2015 in French surgical centers members of the French National Surgical Association (AFC).

RESULTS: During the study period, 2325 patients with OCC were divided in right-sided (n = 819, 35%) and left-sided (n = 1506, 65%) locations. Patients with right-sided OCC were older, more frequently females, and associated with comorbidities, history of cancer, or previous laparotomy. Surgical management was more frequently performed for right-sided than left-sided OCC (99 vs. 96%, p < 0.0001). Tumor resection was more frequently performed in right-sided OCC (95 vs. 90%, p < 0.0001). Among the resected patients, primary anastomosis was more frequently performed in case of right-sided OCC (86 vs. 62%, p < 0.0001). Definitive stoma rate was lower in right-sided location (17 vs. 46%, p < 0.0001). There was no significant difference between locations in terms of cumulative morbidity, anastomotic leak, unplanned reoperation, and mortality. Five-year overall and disease-free survival rates were significantly lower in right-sided OCC (43 and 36%) than in left-sided OCC (53 and 46%, p < 0.0001 and p = 0.001, respectively).

CONCLUSIONS: Although patients with right-sided OCC are frailer than left-sided OCC, tumor resection and anastomosis are more frequently performed, without difference in surgical results. However, right-sided OCC is associated with worse prognosis than distal location.

Résumé en anglais

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DOI

10.1007/s00384-019-03286-2 [20]

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Titre abrégé

Int J Colorectal Dis

Identifiant

30941568 [22]

(ID) PubMed

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