

ENDOSCOPIC TREATMENT OF PATIENTS WITH EARLY FORMS OF GASTRIC CANCER

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Background: Currently, most patients with gastric tumors are detected in late stages. Early diagnosis is a major factor in improving treatment outcomes. On the other hand, patients who are diagnosed on early stages often receive aggressive treatment and are not subjects to less invasive interventions.

Material and Methods: In our clinic we have been using endoscopic surgery for early gastric cancer since 2009. Japanese colleagues are the most experienced in this kind of treatment that is why we follow the recommendations of Japanese Gastric Cancer Association (JGCA). The main criterion provided that endoscopic removal is possible is the depth of tumor invasion. We evaluate the depth of invasion primarily by endoscopic ultrasonography. According to our data the accuracy of this method is 94%. The main operation used for the treatment of early gastric cancer is endoscopic submucosal dissection (ESD). Its main advantages are single block resection within healthy tissues and adequate morphological assessment of the removed tumor. In the last ten years we have performed 148 ESD (145 patients) for early forms of gastric cancer. Surgeries were radical in 95% of cases.

Results: There were no cases of postoperative mortality. Progression of the disease was noted only in one patient. These endoscopic surgeries have proved to be effective, safe and reasonable in treating early gastric cancer.

Conclusions: Thus, endoscopic surgery significantly reduces the cost of treatment and hospital stay (average - 3.7 days), facilitates rehabilitation and improves the quality of patients' life.

Key-words: gastric tumors; endoscopic surgery

POSSIBILITĂȚI RECONSTRUCTIVE ÎN CADRUL TRATAMENTULUI TUMORILOR OSOASE MALIGNNE LA COPIL: CAZURI CLINICE

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Introducere: Osteosarcomul reprezintă cea mai frecventă tumoră primară malignă a osului ce afectează copiii și tinerii adulți în a doua decadă de viață. Chimioterapia adjuvantă a îmbunătățit rata de supraviețuire la 5 ani a osteosarcomului nemetastatic la aproximativ 70%. Avansurile ulterioare în imagistica radiografică tridimensională, cât și îmbunătățirea tehnologiei în domeniul reconstrucției au facilitat intervenția chirurgicală reconstructivă pentru prezervarea membrilor.

Prezentare de caz: Scopul acestei lucrări este de a descrie managementul chirurgical, rezultatul funcțional și oncologic la 1-5 ani al pacienților, raportând experiența clinicii de Ortopedie Pediatrică din cadrul Spitalului Clinic de Urgență pentru Copii Sf. Maria Iași, prin cazul a 3 pacienți diagnosticați cu osteosarcom la nivelul humerusului proximal, respectiv os coxal, os iliac, descoperite incidental. Pacienții au fost evaluați radiografic în alte centre, obiectivându-se aspectul de zone de condensare, neomogene cu întreruperea corticalei, ceea ce a dus la redirecționarea în urgență a acestora. După o reevaluare radiografică, efectuarea unei biopsii locale, obținerea unei stadializări și finalizarea tratamentului neoadjuvant oncologic, a fost propusă intervenția chirurgicală reconstructivă pentru prezervarea membrului.

Concluzii: Rata succesului terapeutic pe termen lung în momentul de față este precară în ciuda posibilităților de reconstrucție totală sau parțială la populația pediatrică datorită recurenței tumorale.

Cuvinte cheie: tumoră malignă, humerus, regiune pelvină, rezecție, reconstrucție.

RECONSTRUCTIVE POSSIBILITIES IN THE TREATMENT OF MALIGN BONE TUMORS IN CHILDREN: CLINICAL CASES

Introduction: Osteosarcoma is the most common primary malignant bone tumor affecting children and young adults in the second decade of life. Adjuvant chemotherapy improved the 5-year survival rate of non-metastatic osteosarcoma to approximately 70%. Further advances in three-dimensional radiographic imaging and improved reconstruction technology have facilitated reconstructive surgery for limb preservation.

Case presentation: The purpose of this paper is to describe the surgical management, functional and oncological outcome at 1-5 years of patients, reporting the experience of the Pediatric Orthopedics Clinic at the St. Mary Iasi Children's Emergency Clinical Hospital, in the case of 3 patients diagnosed with osteosarcomas in the proximal humerus, respectively coxal bone, iliac bone, incidentally discovered. Patients were radiographically evaluated in other centers, looking at the appearance of condensation zones, inhomogeneous with cortical discontinuation, which led to emergency redirection. After a radiographic re-evaluation, performing a local biopsy, obtaining a staging, and completing neoadjuvant oncologic treatment, reconstructive surgery for member preservation was proposed.

Conclusions: The rate of long-term therapeutic success is currently poor despite the possibility of total or partial reconstruction in the pediatric population due to tumor recurrence.

Key words: malignant tumor, humerus, pelvic region, resection, reconstruction.