



## Management of patients with carcinoma of the right colon invading the duodenum or pancreatic head

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**Background** Only few case series have been published about locally advanced carcinoma of the right colon invading the duodenum or pancreas (CRCDP). We report results of a retrospective study about this rare entity focusing on management and prognosis. **Methods** We reviewed the complete data of patients operated for CRCDP between 1988 and 2005 in four French digestive-surgery departments. **Results** Fifteen patients were managed [12 men, 3 women, mean age 63 years (43–86)]. These patients underwent attempted curative en bloc resection including right colectomy: 12 were treated by partial duodenectomy (tumours involving only a part of the duodenum); 3 were treated by pancreaticoduodenectomy. All tumours resected had clear resection margins (R0). About 53% of patients had hepatic metastases, duodenocolic fistula, carcinomatosis, abscess or perforation at presentation. Surgery was performed in emergency in 26% of cases. About 20% of patients had serious postoperative complications (heart failure, bile duct necrosis, septic shock), and three other patients had postoperative anastomotic leaks. No patient experienced duodenal fistula after partial duodenectomy. The mean median survival in resected patients was 22 months (0–122). Overall 1 and 3 years survival were 68% (n = 7) and 56% (n = 4). Despite clear resection margins in all patients, 26% of patients developed recurrence (duodenal wall resection n = 3; pancreaticoduodenectomy n = 1). **Conclusion** Morbidity and mortality after colectomy and en bloc partial duodenectomy or pancreaticoduodenectomy are high but in selected cases could offer prolonged survival. Aggressive surgery including major resection should be performed to obtain clear resection margins even in case of complicated forms.

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