

THE CURRENT METHODS OF DIAGNOSIS AND COMBINED TREATMENT OF ESOPHAGEAL CANCER

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Aim. To study diagnosis and combined treatment of esophageal cancer.

Material and methods. During the period from 2008 to 2014 in the Republican Oncological Research Center 527 patients were treated due to esophageal cancer. Males were 317, females — 255, aged from 25 to 80 years. The majority of patients were of 41 -60 years old. The cancer of cervical site was diagnosed in 48 patients, cancer of the middle third in 265, and of lower third — in 90, cancer of the cardio esophageal zone in 163, cancer of the gastric proximal region in 7 patients. Computed tomography of the thoracic and abdominal cavity was made in 254 patients. The stage T2NM0 was found in 34 cases, T3NM0 — in 251 patients, T4NM0 — 270 patients. There were performed 378 radical operative interventions: of them operation by type of Lewis - in 72(19%) patients, operation of McKeown — in 57(15.1%), transhiatal esophagectomy — in 249(65,9%). Beginning from 2006 transhiatal esophagectomy has been performed with use of hybrid technology. The technique of operation includes laparotomy, gastroplasty with lympho dissection in volume D2, video-assisted mobilization of the esophagus with adequate lympho dissection and application of the cervical esophagogastric anastomosis. In cases of apparent nonresectable and(or) oncological nonoperable tumor process the plan of examination included diagnostic laparoscopy in cases of confirmed diagnosis of cancer of cardioesophageal zone and lower thoracic site of esophagus. Diagnostic thoracoscopy was made in localization of tumor in the middle and upper thoracic part of esophagus.

Results. The assessment of efficacy of transhiatal esophagectomy with use of hybrid technology showed statistical difference in the volume of blood loss in comparison with traditional technique, thus in the main group accounted 361 ml, in control 578,2 ml. The time of operation was 303 20 min, in control - 363 20 min. Postoperative activation was registered on 2-3 days, the frequency of

postoperative complications reduced from 10,5% to 3,4%.. In 46 patients with invasive cancer of middle and lower third parts of esophagus and cardioesophageal zone there was performed surgery of esophageal endoprosthesis. Polychemotherapy was performed in 92 patients, postoperative radiotherapy was made in 160 patients, after palliative surgery gastrostomies there was performed brachytherapy in 27 patients, that is, intraesophageal radiotherapy in combination with local hyperthermia. Combined treatment was performed in 120 patients.

Conclusion. Thus, inclusion of computed tomography, diagnostic laparoscopy and thoracoscopy into the plan of examination for the patients with esophageal cancer allows achievement of more adequate assessment of prevalence and respectability of the tumor process, improvement of patient selection quality for surgical treatment, and inclusion of polychemotherapy and radiotherapy results in improvement of the long-term outcomes of combined treatment of esophageal cancer. The use of mini invasive technique at the stage of removal of the esophagus and mediastinal lympho dissection, video assistent, endoscopic technique in the operative practice allows keep strictly to the established oncological principles of the operations, significantly improvement of the adequacy of the lympho dissection performed, reduction of the risk of damage of the adjacent structures without increasing of the total traumatic character of the operative intervention.