Confronto tra gastrectomia laparoscopica e laparotomica per carcinoma gastrico: esperienza monocentrica

E. ORSENIGO, S. DI PALO, A. TAMBURINI, J. NIFOSI, C. STAUDACHER
Department of Surgery, University Vita-Salute, San Raffaele, Milan, Italy

Summary: Laparoscopic-assisted gastrectomy versus open gastrectomy for gastric cancer.

Background: Laparoscopic-assisted gastric surgery has become an option for the treatment of gastric cancer. In this study we describe our experience with laparoscopic-assisted gastrectomy (LAG) for gastric cancer (GC).

Methods: Between January 2000 and September 2008, 115 patients with GC underwent LAG (total gastrectomy: n=19; distal gastrectomy: n=96) at our hospital. These patients were compared with 220 patients who had GC and underwent conventional open gastrectomy (OG) (open total gastrectomy: n=78; open distal gastrectomy: n=142) during the same period.

Results: There were no differences between the two groups regarding the operation time (161 ±126 minutes and 212 ±152 in OG and LAG group, respectively; p=ns). Estimated blood loss in the LAG group was significantly less than in the OG group. The mortality rate was similar. The morbidity rate was higher in the LAG than in the OG group. The distance of the proximal resection margin showed a significant difference between the two groups (LAG 3.8 cm versus OG 3 cm). The mean number of nodes resected with LAG was 31 ±15, and that with OG was 26 ±13 (p = 0.008). There was no significant differences in overall survival between the two groups. The mean follow-up for the LAG group was 31 months and 40 months in OG.

Conclusions: Laparoscopic-assisted gastrectomy for GC is a feasible and safe procedure with a radical oncologic resection.

Key Words: gastric cancer, minimally invasive surgery, gastrectomy, lymphadenectomy.