TRATAMENTUL CARCINOMATOZEI PERITONEALE DE ETIOLOGIE DIGESTIVĂ - STUDIU RETROSPECTIV PE UN LOT DE 203 PACIENȚI

I. Huțanu1,2,3, D. Timofte2,3, V. Scripcariu2,3, C. Diaconu2,3
1. Doctorand al Universității de Medicină și Farmacie ”Grigore T. Popa” - Iași
Universitatea de Medicină și Farmacie ”Grigore T. Popa” - Iași
Facultatea de Medicină
2. Disciplina de Semiologie Chirurgicală, Chirurgie generală III
Spitalul ”Sf. Spiridon” - Iași
3. Clinica a III-a Chirurgie

TREATMENT OF PERITONEAL CARCINOMATOSIS OF GASTRO-INTESTINAL ORIGIN - A RETROSPECTIVE STUDY ON 203 CASES (Abstract) Peritoneal carcinomatosis of gastrointestinal origin (PC-GI) is an advanced digestive tumor and is found in 10-30% of patients (P) with primary surgery for cancer (C) and up to 50% of C recurrences. **Aim:** to evaluate the main characteristics, ethio-pathogenesis, prognosis and imaging to track of P with PC-GI admitted to the Third Surgical Clinic, „St. Spiridon” Hospital, Iași. **Material and methods:** A retrospective study was carried out on series of 203 patients admitted in the period June 2006 - March 2011. The patients were aged between 27-80 years (average 62), with a women / men ratio of 95/108. The duration of hospitalization was between 1 and 61 days, with an average of 13.5 days for emergency cases and 15 days for elective cases. The data from observation files, the operating protocols, pathology reports and follow-up files were collected and analyzed. **Results:** 136 patients were hospitalized with synchronous PC (the most common gastric N = 60) and 67 with metachronous PC (the most common colon N = 29). Imaging investigations consisted of ultrasound and computer tomography that showed a sensibility and specificity of 80% and 73 % respectively, mainly in regard to ascites but less in assessing the presence of peritoneal deposits. The most common complication was septic shock and mortality was 9.5% (17 patients). Average survival was 5.7 months. **Conclusion:** PC-GI is a disease with a poor prognosis, posing difficulties in early diagnosis, establishing the surgical indication and protocol. Consistent advances in systemic and locoregional chemotherapy, surgical techniques, intraoperative radiotherapy, as well as immunotherapy are expected to improve prognosis. **Key words:** PERITONEAL CARCINOMATOSIS, CHEMOTHERAPY, PALLIATION, ASCITIS.