

L. T. S. S. Wickramatunga

*Scientific supervisor: senior lecturer T. N. Nesterovich, assistant A. P. Dyatlov*

*Educational Establishment  
«Gomel State Medical University»  
Gomel, Republic of Belarus*

## **RESULTS OF TREATMENT OF PATIENTS WITH COLORECTAL CANCER COMPLICATED BY INTESTINAL OBSTRUCTION**

### ***Introduction***

Worldwide, colorectal cancer (CRC) is the third most common cancer with more than 1.9 million new cases were diagnosed in 2020. More than half of CRC cases occur in developed countries. CRC causes 8 % of cancer deaths worldwide [1, 2]. In the Gomel region the rates of CRC account up to 15–19 % of all cases of the disease. Normally the most common causes for CRC is lack of regular physical activity, diet low in fibers, overweight and obesity, alcohol and tobacco consumption to name a few [3]. Usually CRC is characterized by a long latent preclinical period, in which the patient has no active complaints. Clinical manifestations are seen if there is a complication of the tumor process. Such complications are intestinal obstruction, bleeding, tumor perforation. Thus according to various sources acute intestinal obstruction (AIO) occurs in 5–35 % of the patients with CRC. The main method of treating CRC is surgical. If the patient has signs of intestinal there are two choices in treatment: perform surgical treatment on two stages (removal of the unloading stoma; and then at the second stage resection operation) or perform one-stage operation [4].

### ***Goal***

To compare the results of surgical treatment of patients with CRC complicated by AIO after one-stage and two-stage operations.

### ***Material and methods of research***

A retrospective analysis of the short-term results of the treatment of patients in the Gomel Regional Clinical Oncology Center was carried out. MS Access database was created. The study included 252 patients with colorectal cancer complicated by intestinal obstruction over 20 years. Statistical data processing was performed using the Statistica 6.1.

The patients were divided into two groups: group 1 – patients who underwent radical surgery one-stage, group 2 – patients operated on in two-stages (with preliminary removal of the intestinal stoma).

### ***Results of the research and their discussion***

In group 1, one-stage operation was performed in 132 patients. Right sided hemicolectomy was performed in 70 (53.1 %) cases, Hartmann's operation – in 17 (12.8 %), left sided hemicolectomy – in 14 (10.6 %), resections of the transverse colon or sigmoid colon in 29 (21.9 %) cases, subtotal colectomy in 1 (0.8 %) patient with multifocal cancer and 1 (0.8 %) patient – anterior resection of the rectum. Complications developed in 23 (17.4 %) patients. Most common is purulent complications in 6 (4.5 %), pulmonary embolism – in 5 (3.8 %) patients. Mortality was 4.5 % (pulmonary embolism – 5, brain attack – 1).

In group 2, a two-stage operation was performed in 120 patients. Complications were in 24 (20.0 %) patients, purulent complications predominated – 11 (9.1 %). In 4 out of 5 cases, the cause of death was purulent complications, in 1 – acute myocardial infarction. Lethality was 4.1 %.

In most cases, stage 3 and 4 CRC were detected in both groups of patients.

Thus, complications developed more often in patients of group 2 compared with patients of group 1: 17.4 % and 20 % respectively ( $P > 0.05$ ;  $\chi^2 = 0.188$ ). Purulent complications also prevailed in group 1: 4.5 % and 9.1 % respectively in the groups ( $P > 0.05$ ;  $\chi^2 = 1.861$ ). Mortality rates in the groups were approximately the same: 4.5 % and 4.1 % respectively ( $P > 0.05$ ;  $\chi^2 = 0.02$ ).

### **Conclusions**

In one-stage operations for CRC complicated by intestinal obstruction, the number of complications is less compared to two-stage ones. Statistical differences in the mortality rates are minimal.

When choosing a surgical approach in the treatment of CRC complicated by AIO preference should be given to one-stage surgery.

### **LITERATURE**

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**A. Nana, V. S. Ivanov**

*Scientific supervisor: Associate Professor of the Department S. A. Ivanov*

*Educational Establishment  
«Gomel State Medical University»  
Gomel, Republic of Belarus*

## **NASAL RECONSTRUCTION USING ALLOGENEIC CARTILAGE: PATIENT REPORTED COSMETIC AND FUNCTIONAL OUTCOMES**

### **Introduction**

Allogeneic cartilage is often used for facial reconstruction. This study was conducted to analyze the outcome of cartilage grafting. 72 patients underwent nasal reconstruction using allogeneic cartilage, 58 % were females and 42 % were males. The mean age was 65.9. Patients operated for nasal defect caused by carcinoma surgery (82 %), secondary defect following carcinoma treatment (14 %). The least causes were trauma (3 %) and rhinophyma (1 %). The defect size, depth and risk factors were noted. A cartilage graft (CAG) was manually formed from a biopreparation of a rib from a cadaveric donor directly during reconstruction. Nasal skin defects were eliminated by performing 5 types of flaps: frontal flap, nasolabial flap, puzzle flap, flap from nasal back skin and free style perforator flap. Complications were registered in the postoperative period in 8.3 % of patients. The results of treatment were based on cosmetic and functional outcomes. Acceptable cosmetic appearance was found in 92 % of patients, while 8 % had unacceptable cosmetic appearance. Functional outcome was acceptable in 90 % and unacceptable in 10 % of patients. Features of the study are discussed.

Reconstruction of the external nose in patients with acquired defects is aimed at restoring the appearance and ensuring normal function [1]. The elimination of external skin defects is most often performed using skin flaps from the cheeks and forehead [2, 3]. Cartilage implants or artificial materials are used to create a natural and stable shape and function of the nose. The disadvantages of artificial implants are the relative high cost, the risk of aseptic granuloma