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SHORT-TERM RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH CANCER OF LOWER AMPULLA OF RECTUM

Introduction

Rectal cancer is one of the most common malignancies: about 100,000 and 40,000 new cases are reported annually in Europe and the United States, respectively [1]. Men are more commonly affected than women; the median age of onset is 73 years in women and 69 years in men. The incidence among persons under age 50 is now rising [2]. The main curative treatment of rectal cancer is surgical resection of the tumor, with or without (neo-)adjuvant treatment. Postoperative complications are associated with a delayed or inadequate recovery of physical fitness levels after surgery, reduced survival and earlier cancer recurrence [3]. The frequency of postoperative complications is 20–50 % [3].

Goal

To analyze the short-term results of surgical treatment of patients with cancer of lower ampulla of rectum.

Material and methods of research

We studied the short-term results of surgical treatment in 189 patients operated in the abdominal oncology department of Gomel clinical oncology centre in the period from 2012–2016.

Results of the research and their discussion

Out of 189 observed patients, 99 (52.3 %) were males and 90 (47.7 %) were females. All patients underwent preoperative radiation therapy.

The following surgical interventions were performed: in 167 (88.3 %) cases abdominoperineal excision of rectum, in 9 (4.8 %) cases low anterior resection of rectum, in 5 (2.6 %) cases the Hartmann procedure, in 4 (2.2 %) cases transanal removal of tumor, in 2 (1.1 %) cases abdominoanal resection of the rectum, in 1 (0.5 %) case coloproctectomy and videorectoscopic removal of the tumor. In 35 (18.5 %) cases, combined surgical interventions were performed.

Postoperative complications developed in 13 (6.8 %) patients. Of these, 3 (1.6 %) cases of intestinal obstruction, anastomotic failure and suppuration of the postoperative wound, 1 (0.5 %) case of pulmonary embolism, acute cardiovascular insufficiency, bleeding from the presacral veins and hematoma of presacral space. 2 patients died in the postoperative period. Postoperative mortality was 1.1 %. The cause of death in 1 case was pulmonary embolism and in 1 acute cardiovascular failure.

In the treatment of patients with cancer of the rectum abdominoperineal excision of rectum is mainly performed.

Carrying out such an operation allows improving long term results of treatment, reducing locoregional recurrence. However, at the same time, this may cause a number of complications such as suppuration of the wound, dysfunction of the genitourinary organs. And the most concerning outcome in these situations is the permanent colostomy in patients. This leads to disability of patients and is a serious medical and socio-economical problem, given the high percentage of morbidity in people of working age. That is why it is very important to screening

for colorectal cancer, as it is possible to detect and treat previous precancerous pathology of the rectum in a timely manner.

Conclusions

The short-term results of treatment of patients with cancer of the lower ampulla of rectum can be considered satisfactory. The frequency of postoperative complications was 6.8 %, postoperative mortality was 1.1 %.

LITERATURE

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ANALYSIS OF IMMEDIATE OUTCOMES AFTER NASAL RECONSTRUCTION USING FOREHEAD FLAP

Introduction

Surgeons from a great number of specialties are now commonly performing nasal reconstruction procedures to repair deformities resulting from trauma, carcinoma and rhinophyma. There are several options for reconstructing the nasal lining, including mucosal flaps, skin grafting, local flaps, prefabricated forehead flap, three-stage forehead flap, forehead flap turnover, and free tissue transfer. Although performed more commonly, nasal reconstruction is considered to be an operation with risks including negative cosmetic result, infections, extrusions, atrophy, fibrosis, numbness, graft protrusions and necrosis. Out of all the options for nasal reconstruction, forehead flap is the oldest and most cosmetically positive surgical technique. It provides the surgeon with a strong pedicle, a large amount of tissue to reconstruct almost any defect with less complications. A well-executed forehead flap can result in the most natural-appearing, durable, and inconspicuous, nasal reconstruction. In terms of color and texture, there is no other flap that approaches its suitability for skin matching. The only significant limitations of the flap are the investment of time and the morbidity involved in the necessary staging of the operation. Since its found, the forehead flap has undergone a number of changes, making it the optimal choice for large nasal defects. It is traditionally used for nasal defects that are too large to repair with other local flaps or full-thickness or composite grafts. A defect wider than 2 cm in the horizontal plane or those with exposed and denuded bone and or cartilage are best repaired with the paramedian forehead flap. It should however be considered the gold standard for all nasal reconstruction.

Goal

The purpose of this article is to discuss the main causes of nasal defects which leads to nasal reconstructions and to discuss the outcomes of using forehead flaps and there relation to possible risk factors, age and gender of the patients

Material and method of research

Total number of 53 patients that underwent nasal reconstruction surgery in the Gomel Regional Clinical Center from were taken into consideration from the age of 9 to 89 out