

Meeting abstract

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Major complications following exenteration in cases of pelvic malignancy: an 18-year experience

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Background

Despite radical surgery, up to 33% of patients with rectal cancer will develop locoregional relapse. The management of these patients is particularly challenging. Surgery is the mainstay of treatment for those with a mobile recurrence. However, the majority of patients develop recurrence involving the pelvic wall. In these patients, multimodality therapy including radical surgery and intraoperative radiotherapy have been reported with 5-year survival of up to 31% and local control rates of 50–71%. The most important factor for obtaining long-term local control and survival is R0 resection. Extended surgery such as abdomino-sacral resection has not been popular because of 5-year survival rates of 16–31%, and significant postoperative morbidity. Re-recurrence following surgery occurs locally and in the lung, and remains a significant problem. In surgical treatment for local recurrence, surgeon-related factors are crucial. A staging system using degree of fixation and other prognostic factors should be developed so that appropriate treatment modalities are applied to each case. Despite radical surgery, up to 33% of patients with rectal cancer will develop locoregional relapse. The management of these patients is particularly challenging. Surgery is the mainstay of treatment for those with a mobile recurrence. However, the majority of patients develop recurrence involving the pelvic wall. In these patients, multimodality therapy including radical surgery and intraoperative radiotherapy have been reported with 5-year survival of up to 31% and local control rates of 50–71%. The most important factor for

obtaining long-term local control and survival is R0 resection. Objective: To analyze the major complications after exenteration of colo-rectal and canal anal malignancies.

Materials and methods

Fifty nine patients with colo-rectal and canal anal malignancies underwent pelvic exenteration (PE) between 1984 and 2002. 48 patients underwent posterior pelvic exenteration PPE, 8 total pelvic exenteration and 3 posterior supraelevadora exenteration were performed.

Results

Major complications in the operative field involving the urinary tract infection or the wound dehiscence occurred in 29 patients (49.15%). The mortality rate was 3.3%. Major complications often occurred in advanced primary colorectal cancer affecting those with recurrent malignancies.

Conclusion

PE is more beneficial to patients with colorectal and canal anal cancer recurrence than to those with recurrent cancer. Knowledge of the inherent complications and morbidity of PE is essential.